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ABSTRACT

This report compiles the proceedings from a national forum of the Canadian Child Care Federation held in October 1998, which provided an opportunity for early childhood educators, practitioners, and researchers to share knowledge, learn from each other, and network with colleagues. The agenda included 3 keynote speeches and over 35 workshops on current Canadian early childhood research. The keynote speeches appear here in both French and English; summaries of workshop presentations are published in the language in which they were presented at the forum. The topics for the keynote addresses are: the impact of early experience on child development, the U.N. Convention on the Rights of the Child, and child poverty. Workshop topics include family child care, community development, work-family relationships, professional development, child care partnerships, inclusive child care centers, child care administration, First Nations child care, training issues, and diversity issues. The conference agenda is appended. (KB)

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ED 475 180

Linking Research to Practice

A CANADIAN FORUM

De la recherche à la pratique

UN FORUM CANADIEN

DU 25 AU 27 OCTOBRE 1998

OCTOBER 25-27, 1998

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PROCEEDINGS REPORT ACTES DU FORUM

LINKING RESEARCH TO PRACTICE – A CANADIAN FORUM
DE LA RECHERCHE À LA PRATIQUE – UN FORUM CANADIEN

October 25 - 27, 1998

Du 25 au 27 octobre 1998

Proceedings Report

Actes du forum

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Introduction

The Canadian Child Care Federation (CCCF) is pleased to launch the proceedings report from its national forum *Linking Research to Practice: A Canadian Forum*, held October 25-27, 1998. The forum was co-sponsored by the CCCF and the Association of Canadian Community Colleges (ACCC).

More than 200 educators, practitioners and researchers met in Banff, Alberta to share their knowledge, learn from each other, and network with colleagues. The agenda included three keynote speeches and over 35 workshops on current Canadian early childhood research. In the proceedings report, keynote speeches appear in both French and English. Summaries of workshop presentations are published in the language in which they were presented at the forum.

The forum was a huge success in that it met a real and pressing need for those at the leading edge to connect with one another. *Linking Research to Practice* provided a forum for facilitating linkages, enhancing quality, identifying trends, providing leadership, building capacity and supporting community and human resource development in the child care sector.

In the words of one participant, *"[the forum] really served to popularize the research and to get more people involved in working on solutions to both advance the field and better support children and families."*

The CCCF and the ACCC would like to acknowledge the contribution of its staff and all those who worked diligently to make the forum a reality. In particular, we wish to thank Child Care Visions, Human Resources Development Canada for its financial contribution to the forum and to a number of the research projects.

Copies of this proceedings report are available free (while quantities last). To order, contact the Canadian Child Care Federation, 30 Rosemount Avenue, Suite 100, Ottawa, Ontario K1Y 1P4. Tel (613) 729-5289 or 1-800-858-1412 ext. 34; Fax (613) 729-3159. E-mail: cccf@sympatico.ca. For information on particular presentations or projects, please contact the person (author or presenter) listed at the end of each workshop presentation summary.

To learn more about the work of the sponsoring organizations, visit us on our web sites: the ACCC at www.accc.ca and the CCCF at www.cfc-efc.ca/cccf.

Introduction

La Fédération canadienne des services de garde à l'enfance (FCSGE) a le plaisir d'annoncer la publication des actes du forum national *De la recherche à la pratique — Un forum canadien*, qui s'est tenu du 25 au 27 octobre 1998. Cette conférence était coparrainée par la FCSGE et l'Association des collèges communautaires du Canada (ACCC).

Plus de 200 éducatrices et éducateurs, praticien.ne.s et chercheur.e.s se sont réunis à Banff (Alberta) pour partager leurs connaissances, échanger leurs points de vue et établir des liens entre collègues. À l'ordre du jour se sont succédé trois discours-programmes et plus de 35 ateliers portant sur la recherche qui se fait actuellement au Canada dans le domaine de la petite enfance. Dans les actes, les discours-programmes apparaissent en français et en anglais. Quant aux ateliers, on a résumé les présentations dans la langue dans laquelle elles ont été données.

Le forum a connu un vif succès, car elle a répondu à un besoin réel et pressant de permettre aux spécialistes du milieu d'établir un contact entre eux. *De la recherche à la pratique* leur a fourni un lieu de rencontre propice à l'établissement de liens en vue d'accroître la qualité des services, de cerner les tendances dans le domaine, de susciter l'apparition d'un leadership, de renforcer les capacités et de soutenir le développement communautaire et le développement des ressources humaines dans le secteur de la garde d'enfants.

Pour reprendre les paroles d'une participante : « *[le forum] a réellement permis de vulgariser la recherche et d'accroître le nombre de personnes en quête de solutions afin de faire progresser le domaine et de mieux venir en aide aux enfants et aux familles.* »

La FCSGE et l'ACCC aimeraient souligner la contribution de leur personnel et de toutes les personnes qui ont travaillé avec diligence à mettre sur pied ce forum. Nous aimerions tout particulièrement remercier Visions de la garde d'enfants, Développement des ressources humaines Canada pour sa contribution financière à cet événement et à un grand nombre des projets de recherche.

On peut se procurer les actes du forum gratuitement (tant que le stock n'est pas épuisé). Pour faire une commande, communiquer avec la Fédération des services de garde à l'enfance, 30, avenue Rosemount, bureau 100, Ottawa (Ontario) K1Y 1P4. Tél.: (613) 729-5289 ou 1 800 858-1412, poste 34; téléc. : (613) 729-3159. Courriel : cccf@sympatico.ca. Pour obtenir des renseignements sur une présentation ou un projet en particulier, prière de communiquer avec la personne qui l'a signé ou présenté et dont le nom figure à la fin du résumé de chaque atelier.

Pour en savoir davantage sur le travail qu'effectuent les organismes parrains, veuillez visiter nos sites web : l'ACCC au www.accc.ca et la FCSGE au www.cfc-efc.ca/cccf.

KEYNOTE

How a Child's Early Experiences Affect Development

by Paul D. Steinhauer

Introduction

I have been asked to talk about recent research findings and what they tell us about child development. This presentation will address research in three areas: brain development; attachment research, and readiness to learn.

Brain Development

First, let's talk about what we've found over the last 10 or 15 years regarding how infants' brains develop. When a child is born, the brain is extremely underdeveloped. The most important part of neurological development in the first few years of life is the connecting of cells to form pathways. Unconnected brain cells have a lot of potential, but are not doing anything. We know that 90 percent of the connecting is achieved in the first 2 years of life and that, by the time children are 3, they have twice as many connections as their pediatrician. As they grow older, those connections that are used frequently will flourish; those that are not will gradually deteriorate. By the time the child reaches the end of the teenage years, the brain

will have as many connections and as much potential as an adult brain. We also know that the connecting process occurs in sequence according to a pattern that is laid out genetically. During sensitive periods, an area of the brain shows heightened sensitivity to stimulation—to too much, too little or the wrong kind of stimulation as well. In that area, cells begin to mature and form connections rapidly.

There are windows of opportunity for these sensitive periods. For attachment, the window closes at 18 months, for self-regulation at 24 months, and for syntax at 3 to 4 years. Once the window closes, the potential for growth, differentiation and connection is much less. However, that does not mean that no further connections will be made—but to bring about change after windows of opportunity have lowered is fighting biology and like trying to swim upstream against the current. As long as the child receives enough of the right kinds of stimuli at the right time, and not too much of the wrong kinds of stimulation, ideal connections will be made. So, it certainly makes sense to try to have optimal conditions during this sensitive period when connections are being made so easily. We also know that the quality of a child's environment during those sensitive periods is what governs that connecting process.

Brain development is affected by the child's environment. First, I want to talk about attachment. We often talk about attachment as the result of children being well parented. However, attachment is a two-way process and some babies are born without the ability to give the right kind of attachment cues or to respond to those of their parents appropriately. Several studies have shown that the window of opportunity for attachment lowers around 18 months of age. Therefore, the quality of care that children receive in the first 18 months of life is crucial to get them off on the right path with all the benefits that a secure attachment brings. This does not mean that a child who was insecurely attached at the beginning may never be able to recover if put into a much more ideal environment. However, once the attachment pattern has been established, it is hard to shift, and most of those who are insecurely attached continue to lack the quality of care that is needed to make a difference.

Another area in the cerebral cortex that is maturing within the first 2 years is just behind the right eye. It has the capacity to inhibit very strong feelings, such as rage and anxiety and is, therefore, important in helping infants regulate emotions. By about the third year of age, young children should be able to soothe themselves and modulate aggression; otherwise, they are in significant danger of having trouble controlling their aggression for the rest of their lives.

We also know that when it comes to vocabulary and cognitive development, babies who are not well stimulated by the age of 2 do not differ in intelligence from others who have

been well stimulated. However, by the age of 4 or 5, one can see as much as a 15-point difference in IQ.

Finally, I want to talk briefly about the situation that is experienced by many of the prisoners in our penitentiaries and also by many of the children who are permanent wards of our children's aid societies because they have grown up in families where they have experienced a mixture of chronic neglect and frequent conflict and violence. In response to this violence, these kids become hypervigilant. While it may be useful to be hypervigilant in a family where you never know when war is going to break out, but when you go to school and you are supposed to sit still and pay attention to the teacher and you are busy scanning the environment to see where the next war is going to break out, that hypervigilance certainly stands you in very poor stead. We know that children who grow up in a situation where there is chronic violence have an over-development of areas of the mid-brain and of the brain stem that are responsible for intense rage, strong feelings of anxiety and very high levels of impulsivity. At the same time, the neglect that they experienced leaves them lacking the ability to regulate intense feelings and to solve problems effectively. Also, from growing up in conflict-ridden, violent environments, many of these kids readily see themselves as unworthy victims of assault, unlike the positive self-view that children who are parented under better conditions have.

Despite the fact that during the first 3 years children's brains are most malleable and most responsive to the environment, society spends very little on them. We wait until they get really messed up—and then we spend much more, and achieve much less—as we try to cope with the damage.

Primary Reactions

And what happens when children are exposed to severe, frequent and chronic maltreatment? They have a disruption in the development of their capacity to regulate their feelings. As a result, they will have a shift in their tone: they will be much more negative, they will not smile as much, they will be more sullen and withdrawn, they will not attract as many people as buoyant children do. They will have less of the positive, the enthusiasm, the energy. Along with that they are going to show signs of increased arousal. That arousal will take many different forms.

The first result of their increased arousal is that these kids show a lot of aggression, a great deal of frustration and they are very poor at dealing with their frustration. In addition, they are far less compliant than other children; they also have less self-control and are constantly being disruptive. That is the aggressive cluster of behaviours that comes out of their increased

arousal. Another cluster of behaviours are the hypervigilant behaviours that can help a child develop a typical Attention Deficit Disorder pattern—hyperactivity, distractibility and decrease in attention span.

A third pattern resulting from increased arousal is a lack of empathy for others. As you know, when one child cries, it is usually upsetting to other children because children normally have the capacity for empathy—but children who have been chronically maltreated lack that capacity. They are far more likely to become aroused and aggressive, and to show rage and fear. In addition, they are more responsive when adults are upset: they become very stressed, are more likely to become aggressive and more likely to try to intervene to break things up. They also show a great deal more fear of adult anger.

Secondary Reactions

There are also secondary reactions. The inability to regulate their feelings will affect their other attachment relationships. It will also seriously interfere with their peer relationships as they get older, and how they learn when they get into school

Those kids who have been physically abused will show a lot of verbal aggression and disruptive behaviour that will get in the way of forming successful relationships. Those children who have been neglected but not abused will often actively withdraw from relationships with other children. It is as though they have learned not to trust people and so other children also become people not to trust, rather than people to reach out to. In their 1995 article, Cicchetti and Toth pulled together about 30 studies on this topic.

Children who experience a combination of neglect and abuse become more aggressive and more avoiding of contact—they often end up as angry loners. The pattern of being an angry loner in kindergarten is a stronger predictor of how those children are going to behave in adolescence than the kind of peers they hang out with just before they hit adolescence.

If you look at how they do in school, children who have been exposed to different types of abuse show different patterns of behaviour. Neglected children have the most difficult time learning in school. This is because, due to the neglect, they do not have the same level of cognitive development as other children. Physically abused children are much more likely to present behaviour problems and will also show some difficulty with learning as well, but their real incapacity to understand is not as high as the degree of their disruptiveness. On the other hand, the outstanding feature in school of children who have been sexually abused is that they never seem to stop trying to get their teacher's approval. This dependency on teacher's approval is probably the predominant feature that they show. But as you know,

many children have not just been physically abused, just neglected or just sexually abused: they have often experienced a number of these abuses and will show a mixture of these symptoms.

In contrast, the child whose caregivers are there for him or her in home care and daycare, sufficiently near, responsive and attuned, will feel secure, loved and confident. You are likely to have a playful, smiling, exploratory and sociable child. I know temperament comes into this, too, but certainly the more difficult the temperament, the more important the quality of care is, because it is so much easier to care for a temperamentally easy child. It is with the difficult child that the quality of care received makes such an enormous difference in helping that child settle down, become more easily accessible and live more easily, both personally and with others. If the caregiver responds to the difficulty in the child's temperament with rejection, abandonment or frustration, those difficulties will be exaggerated in the child's temperament.

On the other hand, if children do not have consistent attachment figures or a secure attachment, they are likely to respond through insecurity—with fear, anxiety and defensiveness. They may also show an exaggeration of attachment behaviours that, instead of drawing others to them, are likely to turn others off and/or push them away.

Attachment Research

Having a secure attachment as a preschooler is one of the strongest predictors of the child being able to deal well with stress. Children with a secure attachment develop a basic trust. They know that if they do need them, the people who are supposed to provide that care will be there. As a result of that basic trust, they will have the capacity for empathy, but they will also have expectations that others will be good and friendly until proven otherwise, which will help greatly in the development of social skills and give them basic optimism and a willingness to turn to others when in trouble. Second, having had a secure attachment gives children the knowledge, comfort and confidence to go out and explore what is new and unknown in the world. Third, having had a secure attachment is the first and most important source of self-esteem. A fourth thing that comes out of having a secure attachment is the capacity for self-soothing. A good attachment is also a major factor necessary for cognitive development.

To say a child has an insecure attachment is not saying that that child already has a disorder; having an insecure attachment is a risk factor for difficulties later on. It is a sign that things are not going well and that the child's vulnerability is increased, but it does not mean that he or she already has a significant problem. When looking at why some children develop

problems, you have to take into account four factors: characteristics of the child, family adversity, attachment and parenting style.

What sort of strengths and weaknesses does the child have? Is he or she not attractive, healthy, potentially bright? Is there a predisposition toward any form of mental illness? What kind of temperament does the child have (e.g. laid back, uptight)? Depending on the nature of the child, that child will be easier or harder for adults to attach to.

How much stress does the family have to cope with on an ongoing basis? Stress can come from unresolved attachment problems that the mother and the father have from *their* childhoods. It can result from tensions between the partners or it can result from the tension of having to bring up a child without the help of anyone else 24 hours a day, 7 days a week. It can depend upon the kinds of tensions that come from living in an environment which is becoming harder and harder—with the cutting back of welfare, low-income housing, social services, education services and mental health services. Today's families are not affluent and they have more stress with which to cope and fewer resources to back them up. Then we must consider that some parents are just born teachers, just as some child and youth workers or child care providers are intuitively good teachers, while there are others who are not very good at teaching at all.

If you put all these factors together you see why it is that some children turn out just fine whereas others do not develop in the ways we would like. What we would really like to avoid is what we often see in some of our most disturbed children—where all their energies that should be focused on forming relationships with other people are being focused in just the other direction. What we are learning through this early child development research is that even 2 years may be too long to leave a child in an unsupported situation.

Marital Harmony

What does having two parents who like each other, respect each other and cooperate with each other do for children? If the two partners can get along, they can probably solve problems as they arise and, as a result, the children in that family are far likelier to have a consistent set of expectations in terms of rules and follow-through. That kind of parenting is more likely to help children develop better impulse control than if they grow up in a family where parents are not able to agree, have different expectations and sabotage each other. If there is marital harmony, it is less likely that there will be the chronic conflict and violence in the family that one might find in a family in which there is chronic conflict. As a result, you are far less likely to have children who have cognitive disorders, problems controlling aggression and who lack the capacity for empathy. Finally, if you have parents who can get

along, you are less likely to have marital breakdown and thus have situations of children living in poverty and father abandonment.

Generally speaking, the types of parenting that seem to be most successful in developing successful kids is what has been called "authoritative parenting" by Dianne Baumrind (1989) at the University of Berkeley. Authoritative parenting has a number of characteristics. First, the parents are emotionally involved and attuned and, therefore, have the capacity to recognize the needs of their infant and respond to him or her without their own needs getting in the way. As a result, that increases the number of secure attachments and also sets up parent-child reciprocity. As children get older, if there is reciprocity, they know that their parents are not just trying to get them to do what they want. If they know that the parents are also there to try to help them enjoy life, then they're more likely to respond positively to reasonable parental requests. The children who do not grow up with parent-child reciprocity, who never get the feeling that the parent is there to nurture them—those children are far more likely to become oppositional and respond defiantly to even the most reasonable requests.

It also helps if the parents show cognitive involvement with the child. The type of involvement will depend on the age of the child. With young children, this might mean talking and reading to them. As they grow older, the sort of cognitive involvement that counts is when parents allow and encourage them to express thoughts or feelings and put them into words. When parents allow children to negotiate with them, it increases the social competence of both girls and boys; in boys, it has the particular effect of reducing their aggressiveness in the community. Because they are allowed to know that their needs are taken seriously in the family, they have less of a need to feel resentful and to display that resentment in the community. In girls, it has the effect of increasing their confidence and self-assertiveness.

Finally, children need to be confronted by their parents and caregivers because absolute, unconditional acceptance of a child, regardless of how he or she behaves, is a recipe for an isolated, miserable, dependent, socially unacceptable child. It is through confrontation that parents and caregivers pass on their values and those of society to children. However, the way children are confronted makes an enormous difference. If they are confronted in ways that are violent or shameful, they will be so demoralized by the feelings that are conjured up that they will not learn from the experience. But if confrontation is done in a firm, matter-of-fact but loving way, children are likely to learn to change their behaviour to protect their relationship with their parents. Children learn nothing from a violent approach. The more violence a child is exposed to under the guise of discipline, the more violent he or she will be as an adolescent.

Readiness to Learn

We are hearing more and more about children's readiness to learn and development. Readiness to learn is a measure of cognitive, emotional and social abilities as they enter kindergarten. However, if we just stress the cognitive and forget the ability to get along with other children and the teacher, we will be doing children a disservice. Readiness to learn is a great outcome measure of populations of children, but it is not nearly as reliable about individual children.

I worry that as we develop this concept of readiness to learn that people will start using it as if it were an absolute indicator of an individual child. And I worry that overly stressed teachers and schools may take the attitude, "This child is not ready to learn so what do you expect of us?" Rather, the attitude should be, "If this child is not ready to learn, what can we do to make this child *more* ready to learn."

We can increase the quality of readiness to learn at just about every stage through a child's lifetime. If we can have better supports, especially for high-risk mothers during pregnancy, fewer children will be born with very low birth weight and with brain damage that will compromise their development. If we can offer better services through effective home visiting to young mothers who are without funds and at risk of having trouble raising their children adequately, their children will be more ready to learn. If we can offer good parent resource programs so that parents can get the support and guidance they need to do a good job from the beginning, the children will benefit. If we can combine all those with quality preschool experiences and early childhood care and education, our children will be ready to learn in the sense of having the best start.

If you look at the qualities involved in readiness to learn, they are almost identical to what children get from exposure to high quality early childhood care and education. They are almost directly opposite to what children get when exposed to poor quality early childhood care and education (Bertrand, 1993). Children who happen to have the opportunity of good daycare or home care will have greatly increased their ability to level the playing field, thus giving them a chance to compete with children whose parents were better able to prepare them for school.

What Do We Need?

However, all the services in the world—by themselves—are not what this nation needs. We need changes in six main areas of society if we are going to bring up a healthier, more productive, competent generation of children. We need changes in our families, businesses,

communities and mainstream services, such as child care centres and schools. We also need changes in our specialized services; we need to get more of the highly specialized professionals out of their own clinics and hospitals and into areas in the community where children are actually present. We also need changes in government.

When it comes to families, we need to get more fathers involved in parenting when their children of either sex are young. Fathers are more likely to get involved with boys, particularly when they are ready to get into sports activities. We need to get fathers involved earlier. Every study we have seen shows that when both parents are working, as in most families today, the bulk of the housework and the bulk of the parenting falls on the mothers. Never have parents spent as little time with their children as they do today. So, if we are going to increase parenting time, we are not going to do so by putting more stress on mothers. We need to get fathers more involved with their children.

We have to do something about the workplace. We need more family-oriented workplaces. Supervisors need to be sensitive to the family needs of workers. A number of studies have shown that in a family-friendly workplace, you have less absenteeism, less lateness and higher productivity. But what that does not take into account is something that has become quite fashionable in the last few years—laying off a certain percentage of your workforce saying that you have to do it to keep the business going, and then expecting your remaining employees to work overtime. Working overtime is energy and time taken away from parenting.

Somehow we have to get across to our friends, colleagues, relatives and neighbours in the business community that there is more than just the bottom line. If you are going to be a good business person and a good citizen, you have to start thinking about your responsibility to the community and to bringing up those children who are going to be your future employees, your future customers.

Societal Pressures

I grew up in the 1940s in a Toronto where we used to play hockey on the streets and when the street lights went out, somebody—my parents, somebody else's parents or a neighbour who did not have children—would tell us to go home. All adults in the neighbourhood took some responsibility for the well-being of the children in the community.

In contrast, a couple of years ago at a meeting I attended, a woman came in very late and somewhat distressed. She had been driving in one of the wealthier Toronto neighbourhoods and had seen a 4-year-old child riding a tricycle in the middle of the road. She stopped, got

out, and led the child off the road and onto the sidewalk. The mother, who had been watching, came out of the house and said, "Get away from my child or I'm going to call the police!

I think these two stories are indicative of the changes that we have seen in society. The first story reflects a society in which people share common beliefs and values. When everybody knows that they have similar beliefs and values, there is trust—and communication with others becomes easy. On the other hand, the other type of society (where there are no common values or beliefs) leads to fragmentation and polarization. Strangers, particularly if they look different, are seen as a threat or undesirable until proven otherwise. In this country to date, we only come together when faced with a major crisis, like the ice storm.

There has been a major shift in Canadian society away from the civic toward the uncivic. Therefore, we have to do what we can to rebuild the social fabric that has been eroded over the past few decades. Incredible generosity is out there, but we need to somehow open that door and invite more of those people to give what they can give to help society as a whole.

We need a major shift in thinking of government at all levels. If we keep on advocating for children effectively and vigorously, we can possibly get even some of the least humane governments to do better for children than they have done before. Governments are pleased these days to say, "We are going to turn this over to the community." But a community that has lost its infrastructure cannot take over overnight what governments have been doing for decades.

Governments hear a lot from the people who do not like their spending on social policy. They do not hear nearly as much from those people who are interested in providing the kinds of social networks and supports that can help families at risk to get the resources that will help them do a good job of raising their children. So we have to be more vocal, and not just when we are speaking about our own areas. At the same time as you advocate for child care, advocate for better education and for better health services. Persuade your colleagues in education and in health to advocate for child care.

It used to be that governments did not even notice children. Now governments notice children and even talk about them. We have to get to the point where governments do not just talk about doing what is right for children, but will give it the highest priority.

We have an active role to play getting the general public as well as people in the professions to know what to ask governments (Sparrow Lake Alliance website, www.sparrowlake.org. We must get informed and stand up in community meetings at all levels and make contact

with elected politicians on a regular basis—to let them know that there is a community of people out there who care just as much about what is happening to the nation's children as what is happening to the nation's economy. They are both important, but our children should be our nation's most important interest.

References

Baumrind, D. (1989) Rearing competent children. In W. Damon (ed.), *Child Development Today and Tomorrow*. San Francisco: Jossey-Bass.

Bertrand, J. (1993) *Employers, Unions and Child Care*. Toronto: Ontario Coalition for Better Child Care.

Cicchetti, D. & Toth, S.L. (1995) A developmental psycho pathology perspective on child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry* 34: 541-65.

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ALLOCUTION

L'influence de l'expérience en bas âge sur le développement de l'enfant

par Paul D. Steinhauer

Introduction

C'est pour moi un vif plaisir d'avoir l'occasion de vous adresser la parole aujourd'hui. J'ai cinq petits-enfants qui ont eu la chance de bénéficier d'excellents services de soins et d'éducation en bas âge et je vous suis reconnaissant de la qualité des soins que vous et vos collègues dispensez à tant de nos jeunes enfants. La tâche est tellement plus difficile pour les parents de nos jours, qu'ils n'y arriveraient pas sans votre aide.

Développement du cerveau

On m'a demandé de parler des résultats actuels de la recherche et de ce qu'elle nous apprend au sujet du développement de l'enfant. Je vais donc aborder trois secteurs de la recherche : 1) le développement du cerveau; 2) les liens affectifs; 3) la disponibilité face à l'apprentissage.

Commençons tout d'abord par les découvertes des dix ou quinze dernières années qui portent sur la façon dont le cerveau se développe chez le nouveau-né. Lorsque l'enfant naît, son cerveau est extrêmement rudimentaire. Le plus gros du développement neurologique des

premières années de la vie se produit au sein des cellules qui s'interrelient pour former des trajectoires. Isolées, les cellules du cerveau ont beaucoup de potentiel, mais sans plus. Nous savons que 90 p. 100 du travail d'interrelation s'effectue au cours des deux premières années de la vie et qu'à l'âge de trois ans, l'enfant a deux fois plus de connexions dans le cerveau que son pédiatre. En vieillissant, les connexions qui sont fréquemment utilisées croissent tandis que les autres péréclitent peu à peu. À la fin de l'adolescence, la quantité de connexions et le potentiel du cerveau sont équivalents à ceux de l'adulte. Nous savons également que le processus d'interrelations se produit par séquences, conformément à une structure définie génétiquement. Au cours des périodes sensibles, une zone donnée du cerveau réagit davantage à la stimulation – à trop, comme à trop peu, ou à un mauvais genre de stimulations. Dans cette zone, les cellules commencent à parvenir à maturité et forment rapidement des connexions.

Ces périodes sensibles sont ponctuées de moments cruciaux. Pour les liens affectifs, le moment crucial se termine à 18 mois, pour l'autorégulation, à 24 mois et pour la syntaxe, entre trois et quatre ans. Une fois ce moment crucial passé, le potentiel de croissance, de différenciation et de connexions s'amoindrit considérablement. Il ne faut toutefois pas en conclure qu'aucune autre connexion ne se fait par la suite; mais tenter d'effectuer un changement une fois l'heure sonnée, c'est aller à l'encontre du facteur biologique, c'est comme se débattre à la nage à contre-courant. Dans la mesure où l'enfant reçoit suffisamment de stimuli de la bonne sorte au bon moment et qu'il ne reçoit pas trop de mauvaises stimulations, les connexions idéales se produisent. Il est donc logique de tenter de réunir les conditions optimales durant ces périodes sensibles où les connexions se font si facilement. Nous savons aussi que ce processus d'interrelations est tributaire de la qualité de l'environnement de l'enfant durant ces périodes.

Je voudrais vous entretenir à propos de quelques-unes des importantes zones du cerveau qui se développent en fonction de l'environnement de l'enfant. Parlons tout d'abord des liens affectifs. On établit souvent un parallèle entre la création de liens affectifs et la qualité du rapport que les parents entretiennent avec l'enfant. Toutefois, cette création est un processus bidirectionnel et certains bébés viennent au monde dépourvus de la capacité de donner de bons indices de présence affective ou de réagir correctement à ceux de leurs parents. Plusieurs études font état d'un ralentissement dans l'évolution des liens affectifs à compter de l'âge de 18 mois. Par conséquent, la qualité des soins que reçoit l'enfant durant les 18 premiers mois de sa vie est cruciale pour le mettre sur la bonne voie et lui procurer tous les avantages d'un lien affectif solide. Cela ne veut pas dire qu'un enfant qui n'a pas eu ce lien solide au départ ne puisse jamais l'acquérir par la suite s'il se trouve dans un environnement plus favorable. Cependant, une fois la structure du lien établie, il est difficile d'opérer une transformation, et la plupart des enfants chez qui les liens affectifs sont fragiles continuent à vivre dans un environnement qui ne leur offrent pas la qualité des soins nécessaires pour remonter la pente.

Une autre zone du cortex cérébral qui parvient à maturité durant les deux premières années de la vie se situe juste derrière l'oeil droit. Cette zone a la capacité d'atténuer les sentiments très forts, comme la rage et l'anxiété, et elle aide par conséquent grandement les enfants à maîtriser leurs émotions. Vers l'âge de trois ans environ, les jeunes enfants devraient être capables de se calmer et de maîtriser leur agressivité; sinon, ils courent fort le risque d'avoir du mal à y parvenir pour le reste de leur vie.

Nous savons encore qu'au chapitre de l'acquisition du vocabulaire et du développement cognitif, les bébés qui n'ont pas accès à une bonne stimulation avant l'âge de deux ans ne sont pas moins intelligents que ceux qui ont reçu une stimulation adéquate. Toutefois, à l'âge de quatre ou cinq ans, on peut voir une différence de l'ordre de 15 points dans le quotient intellectuel entre les deux catégories de sujets.

Enfin, j'aimerais parler brièvement de la situation vécue par de nombreux prisonniers dans nos pénitenciers et aussi par les nombreux enfants qui sont les pupilles permanentes de nos sociétés d'aide à l'enfance parce qu'ils ont grandi dans un contexte familial caractérisé par une négligence chronique et par des conflits et des explosions de violence à répétition. En réaction à cette violence, ces enfants deviennent hypervigilants. Bien qu'il soit utile d'être hypervigilant dans une famille où on ne sait jamais quand la guerre va éclater, si, à l'école, au lieu de s'asseoir tranquille et de porter attention à ce que dit le professeur, l'enfant s'affaire à passer au peigne fin l'environnement pour voir où s'apprête à sauter la prochaine bombe, il manifeste une forme d'hypervigilance qui dessert à coup sûr ses intérêts. Nous savons que les enfants qui grandissent dans un contexte de violence chronique sont surdéveloppés dans les zones du cerveau moyen et du tronc cérébral responsables de la rage intense, de forts sentiments d'anxiété et de très hauts niveaux d'impulsivité. En même temps, la négligence qu'ils ont vécue les empêche de modérer l'intensité de leurs sentiments et de résoudre efficacement leurs problèmes. De plus, le fait de grandir dans un environnement marqué par les conflits et la violence crée chez beaucoup de ces enfants l'impression de n'être rien de plus que de déplorables victimes d'agression au lieu de bâtir cette image de soi favorable qu'ont les enfants qui évoluent dans un milieu familial plus propice.

Juste avant de clore ce chapitre, j'aimerais souligner une fois de plus que les périodes d'apprentissage ne se terminent pas complètement, une fois passés les moments cruciaux. Le changement est encore possible par la suite; toutefois, il devient extrêmement difficile de lutter contre l'évolution biologique.

Même si c'est au cours des trois premières années de la vie que le cerveau de l'enfant est le plus malléable et le plus sensible à l'environnement, la société n'investit que très peu de ressources à ce stade. Nous attendons la catastrophe – et dépensons alors une fortune pour de bien piètres résultats dans l'espoir de réparer les dommages.

Réactions primaires

Maintenant, j'aimerais parler de ce qui arrive aux enfants gravement exposés, de façon répétitive et chronique, à de mauvais traitements. Leur capacité de maîtriser leurs émotions s'en trouve perturbée. On assiste alors à un changement de registre : ils sont beaucoup plus négatifs, ils sourient moins, ils deviennent renfrognés et distants et ils s'attirent moins la sympathie de leur entourage que les enfants enjoués. Ils manquent d'enthousiasme et d'énergie. Ils donnent aussi plus de signes d'effervescence, une effervescence qui prend de multiples formes.

Comme premier constat de cette effervescence accrue, on note chez ces enfants beaucoup d'agressivité, énormément de frustration et une faible aptitude à surmonter cette frustration. En outre, ils sont beaucoup moins dociles que les autres enfants; peu aptes à se contrôler, et constamment agités. C'est là le genre de comportements agressifs qui découlent de cette effervescence accrue. Un autre type de comportement – que l'on a qualifié d'hypervigilance – peut produire chez l'enfant un trouble déficitaire de l'attention caractérisé par l'hyperactivité, la distractibilité et un champ d'attention réduit.

Une troisième manière d'être qui résulte d'une effervescence accrue est le manque d'empathie pour les autres. Comme vous le savez, lorsqu'un enfant pleure, c'est en général bouleversant pour les autres enfants parce que, normalement, les enfants éprouvent de l'empathie. Or, les enfants qui ont été chroniquement maltraités n'ont pas cette capacité. Ils ont beaucoup plus tendance à devenir surexcités et agressifs et à faire montre de rage et de crainte. Ils réagissent aussi davantage à la colère des adultes; ils deviennent très tendus, sont davantage portés à devenir agressifs et enclins à tenter d'intervenir pour ramener l'ordre. Ils sont aussi beaucoup plus craintifs face à la colère des adultes.

Réactions secondaires

J'ai parlé jusqu'ici de certains changements dans la façon dont se développe la capacité du nouveau-né de maîtriser ses émotions s'il est plongé dans une situation familiale où il est exposé de façon chronique à de mauvais traitements – mais il y a aussi des réactions secondaires. L'incapacité de maîtriser ses émotions aura des retombées sur ses relations affectives. Elle entravera gravement ses relations avec ses pairs au fil des ans et son mode d'apprentissage, à l'école. J'aimerais examiner brièvement certains des effets secondaires de cette lacune – ce manque de capacité de s'autoréconforter et de s'autoréguler dès le jeune âge.

Les enfants qui ont été violentés physiquement sont très agressifs verbalement et affichent un comportement perturbateur qui nuit à leurs rapports avec autrui. Ceux qui ont été négligés mais non violentés se coupent souvent de toute forme de relation avec les autres enfants.

C'est comme s'ils avaient appris à ne pas faire confiance aux gens si bien que leurs pairs deviennent également suspects, des êtres à fuir plutôt qu'à découvrir.

Les enfants victimes d'une combinaison de négligence et de violence deviennent encore plus agressifs et plus portés à éviter toute forme de contact – ce sont des solitaires renfrognés. En fait, l'attitude du solitaire renfrogné qu'ils adoptent en maternelle est un meilleur facteur de prévision de leur comportement à l'adolescence que le genre de camarades avec qui ils se tiennent juste avant de pénétrer dans cette phase de leur existence.

Si on regarde le rendement scolaire, les enfants réagissent différemment selon le genre de violence auquel ils ont été exposés. Les enfants négligés sont ceux qui ont le plus de difficulté à apprendre à l'école. Ils semblent incapables de saisir ce qui se passe. À cause de la négligence, ils n'ont pas le même niveau de développement cognitif que les autres enfants. Les enfants violentés physiquement ont davantage tendance à avoir des problèmes de comportement et ils ont aussi certaines difficultés à apprendre, mais leur réelle incapacité de comprendre est peu de chose à côté de leur indiscipline. Par ailleurs, la principale caractéristique des enfants qui ont été violentés sexuellement semble être le fait qu'ils recherchent constamment l'approbation de leur professeur. Cette recherche d'approbation est sans doute le trait le plus frappant chez eux. Mais comme vous le savez, de nombreux enfants n'ont pas été simplement violentés physiquement, négligés ou exploités sexuellement; ils ont souvent vécu à divers degrés ces formes de violence et ils manifestent donc une panoplie de symptômes.

Par contre, l'enfant entouré d'intervenantes qui sont là pour lui, à domicile ou à la garderie, suffisamment proches, accueillantes et attentives à ses besoins, se sentira en sécurité, aimé et en confiance. Cet enfant sera probablement enjoué, souriant, curieux et sociable. Je sais que le tempérament de l'enfant a aussi un rôle à jouer, mais il est certain que plus le tempérament est difficile, plus il est important d'offrir un service de qualité, même s'il s'avère tellement plus simple de s'occuper d'un enfant docile. C'est envers l'enfant difficile que la qualité des soins reçus pèse tellement dans la balance si on veut l'aider à prendre sur lui, à devenir plus accessible et à mieux vivre avec lui-même et avec les autres. Si l'intervenante réagit à la difficulté que pose le tempérament de l'enfant en le rejetant, en l'abandonnant ou en manifestant de la frustration, les difficultés qu'il éprouve prendront une ampleur démesurée.

L'enfant qui n'a pas de personnes stables dans son entourage ni de lien affectif sécurisant risque de nourrir un sentiment d'insécurité, c'est-à-dire qu'il réagira avec peur et anxiété et qu'il sera constamment sur la défensive. Il pourra aussi faire preuve d'exagération dans ses comportements affectifs de sorte que, au lieu de s'attirer la sympathie d'autrui, il fera fuir les gens ou se les mettra à dos.

Recherche sur les liens affectifs

Je voudrais maintenant parler de l'effet que produit un lien affectif stable sur l'enfant d'âge préscolaire parce qu'un tel lien est un des plus importants facteurs de prévision de la capacité de résister au stress. L'enfant qui peut compter sur un lien affectif sûr développe une confiance fondamentale en soi. Il sait qu'en cas de besoin, les gens qui sont censés lui dispenser des soins sont là pour lui. Fort de cette confiance fondamentale, il sera non seulement capable d'empathie, mais aussi il s'attendra, jusqu'à preuve du contraire, à ce que les autres soient bons et aimables, ce qui l'aidera grandement à développer ses aptitudes sociales et le placera dans la catégorie des gens essentiellement optimistes et prêts à se tourner vers les autres pour obtenir de l'aide. Deuxièmement, le fait d'avoir un lien affectif stable donne à l'enfant ce savoir, ce réconfort et cette confiance qui lui permettent de s'extérioriser, d'aller vers l'inconnu et d'explorer la nouveauté dans le monde. Troisièmement, un lien affectif stable est la première et la plus importante source d'édification de l'estime de soi. Mentionnons encore comme quatrième avantage d'un lien stable, la capacité de s'autoréconforter. Enfin, un bon lien constitue un des principaux atouts sur le plan du développement cognitif.

Qu'un enfant soit privé d'un lien affectif stable ne signifie pas qu'il a déjà un problème; il court simplement le risque d'avoir, plus tard, des difficultés. C'est un signe que les choses ne vont pas bien et que sa vulnérabilité est accrue, mais il ne faudrait pas en conclure qu'il est aux prises avec un gros problème. D'ailleurs, pour comprendre la raison pour laquelle certains enfants développent des problèmes, de quelqu'ordre qu'ils soient, il faut prendre en compte quatre facteurs : les caractéristiques de l'enfant, l'adversité au sein de la famille, les liens affectifs et le style parental.

Quelles sont les forces et les faiblesses de l'enfant? Est-il ou non attrayant, en bonne santé, promet-il sur le plan intellectuel? A-t-il une prédisposition envers une forme ou une autre de maladie mentale? Quel est son type de tempérament (p.ex. détendu, crispé)? Selon la nature de l'enfant, il sera plus ou moins facile pour les adultes de s'y attacher.

À quel degré de stress la famille est-elle exposée quotidiennement? Le stress peut découler de problèmes affectifs non résolus que le père et la mère traînent depuis leur enfance. Il peut être le fruit de tensions dans le couple ou de la tension que crée le fait d'avoir à élever un enfant sans aide ni répit 24 heures sur 24, 7 jours sur 7. Il peut être causé par le fait de devoir vivre dans un environnement de plus en plus rébarbatif en raison des coupes qui s'exercent dans le domaine de l'aide sociale, du logement pour personnes à faible revenu, des services sociaux et des services d'éducation et de santé mentale. Les familles d'aujourd'hui ne sont pas riches, elles sont plus exposées au stress que jamais et ont moins de ressources pour s'en sortir. Il ne faut pas oublier non plus qu'alors que certains parents sont des enseignants-nés, tout comme certaines travailleuses auprès des enfants et des jeunes ou certaines intervenantes

en milieu de garde sont intuitivement d'excellentes enseignantes, il y en a d'autres qui n'ont pas du tout de facilité à transmettre leur savoir.

Tous ces facteurs pris ensemble expliquent pourquoi certains enfants s'en tirent bien tandis que d'autres n'évoluent pas dans le sens souhaité. Ce qu'on cherche véritablement à éviter, et qu'on voit souvent se produire chez nos enfants les plus perturbés, c'est un déploiement d'énergie à des fins destructrices plutôt qu'à l'établissement de bonnes relations avec autrui. Toute cette recherche sur le développement de la petite enfance nous apprend qu'une période de deux ans est trop longue en soi pour laisser un enfant dans une situation où il ne reçoit pas d'appui – parce que le mal risque d'être déjà fait avant même qu'on ait pu commencer à s'en rendre compte.

Harmonie dans le couple

Je voudrais maintenant changer d'optique et vous entretenir quelques instants de l'harmonie dans le couple. Quel effet produit sur les enfants la présence de deux adultes qui s'apprécient, se respectent et collaborent entre eux? Si les deux partenaires s'entendent, ils peuvent probablement résoudre les problèmes au fur et à mesure qu'ils surgissent; les enfants d'une telle famille auront par conséquent beaucoup plus de chances d'être encadrés, sur le plan des règles et du suivi, par un ensemble cohérent d'attentes. Ce mode d'éducation sera certes plus propice à l'apprentissage du contrôle des impulsions que si les enfants grandissent dans une famille où les parents se disputent, ont des attentes divergentes et ne cessent de se saboter l'un l'autre. S'il y a harmonie dans le couple, le risque est mince de voir surgir des conflits et une violence chronique du genre qu'on trouve dans les familles perpétuellement en guerre. Moins de troubles cognitifs, de problèmes à maîtriser l'agressivité et de mépris face à l'empathie s'ensuivront. Enfin, si les parents sont capables de s'entendre, leur mariage tiendra bon, et les enfants ne seront pas abandonnés par leur père et réduits à la pauvreté.

D'une manière générale, le mode d'éducation qui semble le mieux réussir auprès des enfants est celui qui a été qualifié « d'autoritaire » par Dianne Baumrind (1989) de la University of Berkeley. Le mode d'éducation autoritaire présente un certain nombre de caractéristiques. D'abord, les parents sont émotivement présents et au fait de ce qui se passe et, par conséquent, ils ont la capacité de reconnaître les besoins de leur poupon et d'y répondre sans qu'interviennent leurs propres besoins. Le nombre de liens affectifs stables s'en trouve accru et il se crée une réciprocité entre les parents et l'enfant. En vieillissant, l'enfant sait que s'il y a réciprocité, ses parents n'essaient pas tout simplement de lui faire faire ce qu'ils veulent. S'il comprend que ses parents tentent aussi de lui rendre la vie agréable, il aura davantage tendance à réagir favorablement à leurs demandes, dans la mesure où elles sont raisonnables. L'enfant qui ne grandit pas dans un climat de réciprocité avec ses parents, qui n'a jamais l'impression que le parent est là pour s'occuper de lui – aura beaucoup plus tendance à se rebiffer et à réagir négativement même aux demandes les plus raisonnables.

En second lieu, il est fort souhaitable que les parents aient un contact sur le plan cognitif avec l'enfant. Le genre de contact dépendra de l'âge de ce dernier. Chez les jeunes enfants, il peut se résumer à leur parler et à leur faire la lecture. Plus tard, le genre de rapports cognitifs qui comptent ne permet pas seulement à l'enfant d'exprimer verbalement ses émotions ou ses sentiments, il encourage ce dialogue. Les parents qui favorisent la négociation augmentent la compétence sociale tant de leur fille que de leur garçon. Chez les garçons, cette ouverture a pour effet de réduire leur agressivité dans la collectivité; parce qu'ils ont la possibilité de se convaincre que leurs besoins sont pris au sérieux dans la famille, ils cultivent moins de ressentiments et en déversent moins autour d'eux. Chez les filles, une telle liberté accroît leur confiance en elles et leur permet de mieux s'affirmer.

Enfin, les enfants ont besoin d'être confrontés par leurs parents et les intervenantes parce que l'acceptation absolue et inconditionnelle, peu importe leur comportement, en fait inmanquablement des êtres isolés, misérables, dépendants et socialement inacceptables. C'est au moyen de la confrontation que les parents et les intervenantes transmettent leurs valeurs et celles de la société aux enfants. Toutefois, la façon dont l'enfant est confronté est extrêmement importante. S'il l'est d'une façon violente ou honteuse, l'enfant sera si démoralisé par ses émotions qu'il ne tirera aucune leçon de l'expérience. Mais si la confrontation se fait d'une manière ferme, sans exagération et dans un climat d'amour, l'enfant apprendra sans doute à modifier son comportement pour protéger sa relation avec ses parents. L'enfant ne tirera rien d'un mode d'intervention violent. Plus l'enfant est exposé à de la violence sous le couvert de la discipline, et plus il ou elle aura recours à la violence à l'adolescence.

Disponibilité face à l'apprentissage

Parlons maintenant un peu si vous le voulez bien de la disponibilité face à l'apprentissage. On entend de plus en plus parler de la disponibilité de l'enfant et de son développement intellectuel. La disponibilité d'esprit est un dosage de capacité cognitive, émotionnelle et sociale au moment d'entrer à la maternelle. Toutefois, si on ne porte attention qu'à l'aspect cognitif au détriment de la capacité à s'entendre avec les autres enfants et avec l'enseignante, on rend vraiment un mauvais service aux enfants. La disponibilité d'esprit est un fabuleux concept d'analyse des résultats lorsqu'on étudie des populations d'enfants, mais on aurait tort de l'appliquer à l'analyse des cas individuels.

Je crains qu'à force de galvauder ce concept de disponibilité ou de prédisposition à apprendre, les gens ne commencent à l'utiliser comme s'il s'agissait d'un indicateur absolu du comportement individuel de l'enfant. Et je redoute le fait que les enseignantes et les écoles, surchargées de travail, n'adoptent une attitude de défaitisme en se disant : « Il n'est pas disposé à apprendre, alors qu'attendez-vous de nous? » plutôt que de se dire : « Si cet enfant n'est pas prêt à apprendre, que pouvons-nous faire pour lui *faciliter* la tâche? ».

Nous pouvons améliorer la qualité de la disponibilité face à l'apprentissage à n'importe quelle étape de la vie de l'enfant. Avec de meilleures ressources autour de nous, surtout pour les mères à haut risque durant leur grossesse, moins d'enfants naîtraient avec une insuffisance pondérale et des lésions cérébrales qui compromettent leur développement. Grâce à de meilleurs services nous permettant de rendre visite aux jeunes mères sans le sou susceptibles d'avoir du mal à exercer adéquatement leur rôle parental, leurs enfants seraient dans de meilleures dispositions pour apprendre. Dans la mesure où nous pourrons offrir de bons programmes de ressources aux parents, en leur fournissant le soutien et l'orientation dont ils ont besoin pour bien s'acquitter dès le départ de leur tâche, les enfants prospéreront. Si nous pouvons combiner tous ces éléments à une expérience préscolaire de qualité et à de bons services de soins et d'éducation de la petite enfance, nos enfants seront disposés à apprendre au sens où ils auront tout ce qu'il leur faut pour bien démarrer dans la vie.

Si on considère les caractéristiques qui prédisposent l'enfant à apprendre, ce sont à peu de chose près les mêmes qu'on attribue à des services de soins et d'éducation de la petite enfance de haute qualité. Elles sont presque inversement proportionnelles à ce que crée, chez l'enfant, le fait d'être exposé à des services de piètre qualité (Bertrand, 1993). Les enfants qui ont la chance de bénéficier de bons services de garde, que ce soit en garderie ou à domicile, verront s'accroître leur capacité d'être à la hauteur et leur chance de se mesurer aux enfants mieux préparés par leurs parents à faire leur entrée à l'école.

Que faut-il changer?

À ce stade, ce ne serait pas faire preuve d'honnêteté que de vous faire croire que les services suffiraient à eux seuls à répondre aux besoins de notre nation. Il nous faut effectuer des changements dans six principaux domaines de la société si nous voulons favoriser l'avènement d'une génération d'enfants en meilleure santé, plus productifs et plus compétents que leurs aînés. Des changements doivent se produire dans nos familles, nos entreprises, nos collectivités et dans les services généraux comme les garderies et les écoles. Nous devons aussi modifier nos services spécialisés; il faut que davantage de spécialistes sortent de leurs cliniques et de leurs hôpitaux pour aller travailler dans les secteurs de la collectivité où se trouvent les enfants. Il faut aussi que des changements s'opèrent sur le plan des politiques gouvernementales.

En ce qui concerne les familles, nous devons favoriser davantage la présence du père auprès de ses enfants, garçons ou filles, lorsqu'ils sont jeunes. Les pères ont davantage tendance à s'occuper des garçons, surtout lorsque ceux-ci sont en âge de se lancer dans des activités sportives. Il faut que les pères s'impliquent plus tôt. Chacune des études dont nous avons pris connaissance montre que lorsque les deux parents occupent un emploi rémunéré, comme c'est le cas de la plupart des familles aujourd'hui, le gros des tâches ménagères et de l'éducation des enfants retombe sur les épaules de la mère. Jamais les parents n'ont-ils passé si peu de

temps avec leurs enfants qu'aujourd'hui. Si nous voulons changer cette situation, nous n'allons pas alourdir encore le fardeau des mères : c'est au tour des pères maintenant à mettre l'épaule à la roue.

Nous devons aussi agir au niveau du milieu de travail, qui aurait intérêt à être davantage axé sur la famille. Les superviseurs devraient être sensibles aux besoins familiaux des travailleurs. Nombre d'études ont montré que dans les milieux de travail où on fait place aux obligations familiales, il y a moins d'absentéisme, moins de retards et une productivité accrue. Mais ce dont on ne parle pas, et qui est devenu passablement à la mode au cours des dernières années, c'est de cette facilité avec laquelle on met à pied un certain pourcentage de la main-d'œuvre, sous prétexte que la survie de l'entreprise en dépend, tout en s'attendant à ce que les employés qui demeurent en poste travaillent deux fois plus. Ces heures supplémentaires sont autant d'énergie et de temps dérobés au rôle parental.

Nous devons d'une quelconque façon répandre parmi nos amis, nos collègues, nos parents et nos voisins à l'intérieur du milieu de travail, l'idée qu'il ne faut pas se contenter du seuil minimum. Pour être de bonnes gens d'affaires et de bons citoyens, nous devons commencer à réfléchir à notre responsabilité envers la collectivité et à l'égard de l'éducation de ces enfants appelés à devenir nos futurs employés et nos futurs clients.

L'influence de la société

Abordons maintenant le sujet de la société. J'ai grandi dans les années quarante dans la ville de Toronto où, à l'époque, les enfants jouaient au hockey dans la rue, et lorsque les belvédères s'éteignaient, quelqu'un – mes parents, les parents de quelqu'un d'autre ou un voisin qui n'avait pas d'enfants – nous invitait à rentrer chez nous. Tous les adultes du quartier assumaient une certaine part de responsabilité à l'égard du bien-être des enfants du quartier.

Par contre, à une réunion à laquelle j'assistais il y a quelques années, une femme est entrée très en retard et dans tous ses états. Elle était au volant, dans un des quartiers bien nantis de Toronto, quand elle a vu une enfant de quatre ans sur un tricycle au milieu de la rue. Ayant mis les freins, elle est sortie de sa voiture et a conduit l'enfant sur le trottoir, et, accroupie devant elle, et lui a dit : « Tu aurais pu te faire tuer… ». À ce moment, la mère, qui surveillait la scène, est sortie de chez elle en s'exclamant : « Laissez mon enfant tranquille ou j'appelle la police! »

Je pense que ces deux histoires illustrent bien les changements qui se sont produits dans notre société. Dans le premier cas, les gens partagent des croyances et des valeurs communes. Quand on sait que notre entourage pense comme soi, il se crée un climat de confiance, et la

communication avec les autres en est facilitée. Les étrangers ne sont pas des ennemis. Il y a un proverbe africain qui résume ce genre de société civique : « Ça prend un village pour élever un enfant. » À l'opposé, une société dépourvue de valeurs et de croyances communes aboutit à la fragmentation et à la polarisation. Les étrangers – surtout s'ils ont l'air différent – sont perçus, jusqu'à preuve du contraire, comme une menace ou un élément indésirable. Dans notre pays aujourd'hui, nous n'éprouvons de solidarité qu'en cas de crise majeure, comme ce fut le cas du verglas. Le proverbe qui caractérise le mieux ces sociétés non civiques est le suivant : « Lorsque le trou d'eau rétrécit, la mesquinerie s'installe chez les animaux. »

Je pense vraiment qu'il y a eu, dans la société canadienne, un courant majeur qui nous a entraînés vers une société non civique. Par conséquent, nous devons faire de notre mieux pour reconstruire le tissu social qui s'est érodé au cours des vingt ou trente dernières années. Il y a une générosité incroyable chez les gens, mais nous devons en quelque sorte ouvrir cette porte et inviter davantage la population à donner autant qu'elle peut pour le bien-être de la société tout entière.

Il faut aussi qu'un vent nouveau pousse tous les paliers de gouvernement à voir les choses autrement. Si nous continuons à plaider la cause des enfants avec efficacité et rigueur, nous en arriverons peut-être à convaincre les gouvernements même les moins humains à faire plus pour améliorer le sort de nos enfants. Les gouvernements aiment à dire de nos jours : « Nous allons confier cette tâche à la collectivité. » Mais une collectivité qui a perdu son infrastructure ne peut du jour au lendemain assumer les responsabilités qui, depuis des dizaines d'années, incombaient au secteur public.

Les gouvernements se font énormément solliciter par les gens qui n'aiment pas que le trésor public soit dépensé au profit de la politique sociale. Ils entendent beaucoup moins parler des gens qui cherchent à créer le genre de réseaux et de soutien social susceptibles d'aider les familles à risque à obtenir les ressources nécessaires pour pouvoir offrir une bonne éducation à leurs enfants. Il nous faut donc parler plus fort, sans nous limiter à notre domaine d'intérêt particulier. Si vous êtes de ces gens qui plaidez la cause des services de garde – et loin de moi l'idée que vous ne le faites pas – parlez en même temps au nom de l'amélioration des services d'éducation et des services de santé. Persuadez vos collègues du secteur de l'éducation et de la santé de revendiquer de meilleurs services de garde. Je pense que cet effort combiné aura un bien meilleur succès que si chaque personne se contente de lutter pour sa petite part du gâteau.

Il fut un temps où les gouvernements ne portaient aucune attention aux enfants. Aujourd'hui, ils leur font une place en pensée et même en parole. Nous devons parvenir au point où ils ne se contenteront pas de simplement *parler* de ce qui est souhaitable pour les enfants, mais où ils leur accorderont la priorité absolue.

Nous avons un rôle actif à jouer pour aider le grand public ainsi que les spécialistes, chacun dans leur domaine, à savoir ce qu'il faut réclamer des gouvernements (voir le site web de Sparrow Lake Alliance : www.sparrowlake.org.) Nous devons nous renseigner et prendre la parole dans les réunions communautaires à tous les niveaux et entrer en contact avec les représentants élus du gouvernement à intervalles réguliers – afin qu'ils sachent qu'il existe effectivement une foule de gens qui s'intéressent tout autant à la situation des enfants qu'à la situation économique du pays. Les deux sont importants, mais ce sont les enfants qui devraient venir en tête des préoccupations de notre nation. Sans nos enfants, nous n'avons pas d'avenir.

Références

Baumrind, D. (1989). " Rearing Competent Children." In W. Damon (Ed), *Child Development Today and Tomorrow*. San Franscisco: Jossey-Bass.

Bertrand, J. (1993). *Employers, Unions and Child Care*. Toronto: Ontario Coalition for Better Child Care.

Cicchetti, D. & Toth, S.L. (1995). " A Developmental Psycho Pathology Perspective on Child Abuse and Neglect." *Journal of the American Academy of Child and Adolescent Psychiatry* 34, 541-565.

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KEYNOTE

The Society We Want

Breathing Life into the United Nations Convention on the Rights of the Child

by Sandra Griffin

Introduction

What is the society we want? What are the values that Canada must hold, must agree upon to create the society we want? And how is that Society created? In a poem by Miller Williams entitled "Of History and Hope" he asks that very question:

But how do we fashion the future? Who can say how,
except in the minds of those who call it Now?
The Children. The Children. And how does our garden grow?
With waving hands— oh, rarely in a row—
and flowering faces. And brambles, that we can no longer allow.

Who were many people coming together
cannot become one people falling apart
Who dreamed for every child an even chance
cannot let luck alone turn doorknobs or not.

Whose law was never so much of the hand as the head
cannot let chaos make its way to the heart.
Who have seen learning struggle from teacher to child
cannot let ignorance spread itself like rot.

We know what we have done and what we have said
and how we have grown, degree by slow degree,
believing ourselves toward all we have tried to become—
just and compassionate, equal, able and free.

All this in the hands of children, eyes already set
on a land we never can visit—it isn't there yet—
what our long gift to them may come to be.
If we can truly remember, they will not forget.

And what is that legacy to be? What do we want our children to experience in the now as they prepare for the future—our future, their future and the future of their children, and their children's children? What do we want them to remember when they have their children? What do we want to make sure they do not forget?

In December 1991, Canada became a signatory to the UN Convention on the Rights of the Child (UNCRC). On an Internet site for UNICEF, the following "challenge is described with respect to the actual process of "breathing life" into the UNCRC:

The Challenge

"Fulfilling children's rights is a legal obligation that could be a lengthy process on the part of ratifying nations. However, it is also a process that calls on the active involvement of communities, families, non-governmental organizations and children themselves with the objective of translating the Convention's legal provisions into a living reality for all children. In this process, all nations have a responsibility—within the framework of international cooperation—to bring about conditions in which children can fully enjoy their rights. The real challenge is to ensure that the spirit of the Convention and its provisions weave their way into the policies and constitutions of all nations guaranteeing children—for the first time—the first universal code of child rights in history."

The UNCRC has broken all records as the most widely ratified human rights treaty in history. Work on its drafting began in 1979, the International Year of the Child, by a working group established by the Commission on Human Rights. After the Convention was unanimously adopted by the United Nations General Assembly on November 20, 1989 (November 20 is National Children's Day), it was opened for signature on January 26, 1990. That day, 61 countries signed it, a record first-day response. Only 7 months later, on September 2, 1990,

the Convention entered into force after the 20th State had ratified it. Since then it has been ratified by all States with the exception of only two.

Its uniqueness stems from the fact that it is the first legally binding international instrument to incorporate the full range of human rights—children's civil and political rights as well as their economic, social and cultural rights—thus giving all rights equal emphasis.

State Parties to the Convention have a legal and moral obligation to advance the cause of child rights, through administrative, legislative, judicial and other measures in implementation of this Convention.

Now, for the first time in history, international law has been developed which will ensure that:

- the basic needs of children are met;
- children are protected from harm; and
- children are provided with the necessary services, institutions and freedoms which will support them in growing into healthy, competent, responsible and contributing members of society.

The Convention stipulates the following general principles:

- States shall ensure that each child enjoys full rights without discrimination or distinctions of any kind.
- The child's best interests shall be a primary consideration in all actions concerning children whether undertaken by public or private social institutions, courts, administrative authorities or legislative bodies.
- Every child has an inherent right to life and States shall ensure, to the maximum extent possible, child survival and development.
- Children have the right to be heard.

Although the UNCRC came into force only at the beginning of the 1990s, it is time to begin asking what practical effects the Convention is having on the lives of children in Canada as we complete our first 5-year reporting period.

At this point, I would like to share with you a 10-minute video of the voices of children and youth who would say we are not doing so well yet—that we have not managed to provide them with a society that they want to remember—in fact, we have provided them with much that they would want to forget. These are the voices of youth from the recent "International Summit of Sexually Exploited Youth – Out of the Shadows" (Victoria, British Columbia, March 1998). This video was developed to acknowledge their right to be heard. In a recent speech, Senator Landon Pearson noted: "It is impossible to predict the future or see with any

clarity what the next century will bring. But there is one thing that this century has taught us for sure; there can be no global security without human security; no human security without respect for human rights; no respect for human rights without respect for children; no respect for children without listening to and hearing what they have to say. In our interconnected world, we have to be more than just observers of children's suffering, we have to be partners with them in their struggles, talking and consulting them because they know more about their experiences than we do. Then together we can act." This voice was presented by Cherry Kingsley, one of the youth involved, and Senator Pearson, on the floor of the United Nations a few months ago. It does not describe the society we want.

Video

This is not the society we want—one that robs children of their innocence—one that robs children of their childhood; a society where a child can "wander aimlessly for hours, looking for help, for someone to understand"; a society where drugs dull the pain of the exploitation; one where a child feels he or she has to give sex to be loved; a society where youth who have been exploited feel they have no place in when they gather the courage and strength to come "Out of the Shadows."

The Preamble of the Convention, the agreement that we as a people have signed, recognizes that: "the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world."

So how are we to build that foundation of the society that we want? That is one of the key reasons that you all have gathered here in Banff—to discuss how that foundation can be built, how we take responsibility for our children, how we care for our children. That is what really begins to breathe life into the UNCRC.

The European Centre for Social Welfare Policy and Research tells us that "Strategies for applying the Convention need to be developed on different levels: from the macro-policy level to the grass roots level of everyday life. The gaps between research, policy and practice need to be bridged." Bridging the gaps—precisely what you are doing in "Linking Research to Practice"—and it is critical to building the foundation, to breathing life into the Convention.

The UNCRC and Child Care

The articles of the UNCRC cover sectors such as basic health and welfare, education, leisure and cultural activities and children in conflict with the law and include general measures for

implementation which outline the process by which State Parties make the UNCRC a reality. The one Article of particular interest to the child care field is (beyond the "best interest" article):

ARTICLE 18

1. State Parties shall use their best efforts to ensure recognition of the principle that both parents have commo responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, State Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. State Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child care services and facilities for which they are eligible.

We know that we still have much work to do to fully realize this Article.

Richard Reid, a director with the United Nations International Children's Fund, noted in his keynote address at the International Conference on Children's Rights, "Stronger Children, Stronger Families" (Victoria, British Columbia, June 1994):

> *It has been four years since the world's countries adopted, unanimously, the Convention on the Rights of the Child at the General Assembly of the United Nations. Looking back across the world over those few years—at the avalanche of stepped up violence against children, at the burned-out villages of the scores of savage new ethnic wars, at the streets of the big cities, and at dysfunctional homes—all of this mayhem played out, somehow, side by side with wonderfully steady gains in child health and solid advances in basic education. Can anyone...tell where the hands of the world's crisis clock for children stand at this moment? Does the clock say dawn, with daylight ahead of us, or are we approaching midnight? ...In all this uncertain mix of hope and bleakness, there is one thing we can be sure of. And that is that the Convention on the Rights of the Child is here to stay, each day more steadily afoot in the world. While other national treaties languish, the children's Convention has swept the world in four years; more countries have bound themselves to it than any other global humanitarian treaty in history. It is a rising tide that soon enough will begin to lift all boats. All of us who work for children need to capitalize on this gathering force* (June 1994, p. 29).

All of us who work for children in need of good quality child care feed this growing tide. Your work at this symposium needs to capitalize on this gathering force.

We can feed this growing tide by both personally and professionally taking responsibility for children. I want to share a story with you about a young man for whom many did not accept this responsibility, yet he found his voice and served the interests of so many children following behind him. He was a member of the youth steering committee for the "Stronger Children, Stronger Families" conference. His name was Franklin Doss.

Frankie described his life in a speech he gave at a rally in Ottawa many years ago. It is movingly described in an article by Barbara McLintock, staff reporter, *The Province* newspaper (1994):

> *He told of his own childhood, when he was repeatedly raped and abused in boarding school and foster homes, of the horror of life as a young prostitute on the streets of Vancouver, of watching his friends die of drug overdoses and AIDS. He spoke of facing the news that he himself had been diagnosed as HIV-positive. He spoke with particularly strong emotion of the trials he faced in his efforts to stand tall among his own people as a proud gay Native man.*

In her article on Frankie Doss, Barbara McLintock asks what we can "offer in the way of real hope for Franklin or tens of thousands of other homeless and disinherited youth?" In fact, Frankie embodied the hope that is so desperately needed. Emerging as a young leader in his community, active in the National Youth-In-Care Network, Frankie worked to "give voice" to the many forgotten or unwanted youth of society. He spoke of the importance of the disenfranchised and the disinherited speaking for themselves. On July 18, 1994, the world and the many children and youth who needed him lost Franklin Henry Doss. The Vancouver police have recorded his death as a suicide. The world continues to create and then lose too many Frankies.

If we are to create and support real change on behalf of children, we must invest our resources in making sure that real change can in fact take place. One of the investments we can make is the personal and professional investment in "breathing life" into the UNCRC. The Convention captures the "society we want." It fully describes the responsibilities we must take on for our children if we are to realize a better future for us all. This is best captured in the following poem from the book, *Guide My Feet* (1995) by Marion Wright Edleman of the Children's Defense League. It is an adaptation of a prayer by Ina Hughes:

We accept responsibility for children'
who sneak popsicles before supper
who erase holes in math workbooks
who can never find their shoes.

We accept responsibility for those who stare at photographers from behind barbed wire
who can't bound down the street in a new pair of sneakers
who never "counted potatoes"
who were born in places we wouldn't be caught dead
who never go to the circus
who live in an X-rated world.

We accept responsibility for children
who bring us sticky kisses and fistfuls of dandelions
who hug us in a hurry and forget their lunch money.

We accept responsibility for those
who never get dessert
who have no safe blanket to drag behind them
who watch their parents watch them die
who can't find any bread to steal
who don't have any rooms to clean up
whose pictures aren't on anybody's dresser
and whose monsters are real.

We accept responsibility for children
who spend all their allowances before Tuesday
who throw tantrums in the grocery store and pick at their food
who like ghost stories
who shove dirty clothes under the bed and never rinse out the tub
who get visits from the tooth fairy
who don't like to be kissed in front of the carpool
who squirm in church or temple and scream in the phone
whose tears we sometimes laugh at and whose smile can make us cry.

And we accept responsibility for those
whose nightmares come in the daytime
who will eat anything
who have never seen a dentist
who aren't spoiled by anybody
who go to bed hungry and cry themselves to sleep
who live and move but have no being.

We accept responsibility for children
who want to be carried and for those who must
for those we never give up on and for those
who don't get a second chance
for those we smother and for those who will grab
the hand of anyone kind enough to offer it.

Carol Bellamy, UNICEF executive director, states: "A century that began with children having virtually no rights is ending with children having the most powerful legal instrument that not only recognizes but protects their human rights."

It is up to us to bring this powerful legal instrument to life in Canada. To introduce it into our work in child care, to introduce it into our work with children.

If we are wise, we will "breathe life" into the UNCRC. Each new generation offers humanity another chance. If we can realize the vision of respecting our children's right to be fundamentally cared for, cared about, protected and nurtured, to be heard—then they will remember. Hopefully, they will not forget the society we all want. Maybe our children will be the ones to finally realize "peace in the world" and pass the wisdom on to their children and all the generations to follow.

Source

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ALLOCUTION

La société de nos rêves

Animer d'un souffle de vie la Convention des nations unies relative aux droits de l'enfant

par Sandra Griffin

Introduction

Quelle est donc la société dont nous rêvons? Quelles valeurs le Canada doit-il se donner, de quelles valeurs doit-il se doter comme peuple pour créer la société dont il rêve? Et comment cette société sera-t-elle créée? C'est la question que pose Miller Williams, dans un poème intitulé *Of History and Hope* :

[Traduction]
Mais comment créons-nous l'avenir? Qui peut le dire,
sinon ceux qui le conjuguent au présent.
Les enfants. Les enfants. Et comment notre jardin croît-il?
Avec des mains qui s'agitent C oh! rarement toutes dans le sens du vent C
et des visages au teint de rose. Et des ronces, qui ne sont plus utiles.

Tous ces gens qui ont uni leur destinée
ne peuvent devenir un peuple en déroute

Qui a rêvé de chances égales pour les enfants du monde
ne peut laisser le sort seul en décider.

Une loi administrée non pas tant par la main que par l'esprit
doit garder le coeur à l'abri du chaos.
Qui a vu la dure conquête du savoir chez l'enfant
ne peut laisser la gangrène de l'ignorance triompher.

Nous nous souvenons de nos actes et de nos paroles
nous savons comment nous avons grandi, à petits pas,
croyant en nous-mêmes, dans tout ce que nous aspirions à devenir C
des êtres de justice et de compassion, égaux, sains et libres.

Tout tient dans les mains de l'enfant, les yeux rivés, déjà
sur une terre inaccessible C encore en gestation C
telle qu'elle jaillira de la longue offrande que nous leur aurons faite.
Car si nous avons le don du souvenir, eux n'oublieront rien.

Que leur laisserons-nous en héritage? Que voulons-nous que nos enfants vivent dans le présent en se préparant pour l'avenir, notre avenir, leur avenir et celui de leurs enfants et des générations futures? Que voulons-nous qu'ils se rappellent lorsqu'ils mettront au monde leurs propres enfants? Que voulons-nous qu'ils n'oublient pas?

En décembre 1991, le Canada est devenu signataire de la Convention des Nations Unies relative aux droits de l'enfant (CNUDE). Sur un site Internet de l'Unicef, on trouve l'extrait suivant qui décrit le défi qui nous attend si nous voulons réellement « animer d'un souffle de vie » la Convention.

Le défi

[Traduction]
« Garantir aux enfants le respect de leurs droits est une obligation légale que les nations signataires ne pourront remplir qu'à la suite de longues démarches préparatoires. Ces démarches feront toutefois aussi appel à la participation active des collectivités, des familles, des organisations non gouvernementales et des enfants eux-mêmes et seront menées dans le but de traduire en termes bien concrets, pour tous les enfants, les dispositions juridiques de la Convention. Toutes les nations ont une responsabilité dans ces démarches C qui s'accompliront sous l'emblème de la coopération internationale C et qui seront destinées à créer les conditions permettant aux enfants de jouir pleinement de leurs droits. Le véritable défi consiste à s'assurer que l'esprit de la Convention et ses dispositions transparaîtront dans les politiques et les constitutions de toutes les nations afin de doter les enfants C pour la première fois dans l'histoire C d'un code universel des droits de l'enfant.

La Convention relative aux droits de l'enfant a battu tous les records en devenant le traité sur les droits de la personne ratifié par le plus grand nombre de nations dans l'histoire. Sa rédaction a débuté en 1979, l'Année internationale de l'enfant, par un groupe de travail établi par la Commission des droits de l'homme. Unanimement adoptée par l'Assemblée générale des Nations Unies le 20 novembre 1989 (le 20 novembre est la Journée nationale des enfants), la Convention a été ouverte à la signature le 26 janvier 1990. Ce jour-là, 61 pays l'ont signée, un record pour une première journée de signature. Sept mois plus tard seulement, soit le 2 septembre 1990, la Convention est entrée en vigueur après sa ratification par le 20e État. Depuis lors, elle a été ratifiée par tous les États, à l'exception de deux seulement ».

Sa particularité vient du fait qu'il s'agit du premier instrument international à teneur juridique à incorporer l'éventail complet des droits de la personne C les droits civils et politiques des enfants tout comme leurs droits économiques, sociaux et culturels C et à donner par conséquent une importance égale à tous les droits.

Les États parties à la Convention ont l'obligation légale et morale, dans le cadre de sa mise en oeuvre, de promouvoir la cause des droits de l'enfant au moyen de mesures administratives, législatives, judiciaires et autres.

Maintenant, pour la première fois dans l'histoire, une loi internationale veille :

- à ce qu'on réponde aux besoins fondamentaux des enfants;
- à ce qu'on mette les enfants à l'abri du danger;
- à ce qu'on donne aux enfants les services, les institutions et les libertés nécessaires pour leur permettre de devenir des membres de la société sains, compétents, responsables et coopératifs.

La Convention stipule les principes généraux suivants :

- Les États doivent veiller à ce que chaque enfant jouisse de ses pleins droits sans discrimination ni distinction d'aucune sorte.
- L'intérêt supérieur de l'enfant doit primer chaque fois qu'une mesure est prise concernant des enfants, qu'elle le soit par des institutions sociales publiques ou privées, des tribunaux, des autorités administratives ou des organes législatifs.
- Chaque enfant a fondamentalement droit à la vie et les États doivent, dans toute la mesure du possible, veiller à sa survie et à son développement.
- Les enfants ont le droit de faire connaître leur point de vue.

Même si la CNUDE n'est entrée en vigueur qu'au début des années 90, il est temps de commencer à se demander quels effets concrets elle produit dans la vie des enfants du Canada, à l'heure où prend fin la première période de rapport quinquennal.

À ce stade, j'aimerais vous faire voir une vidéo de dix minutes pour que vous puissiez entendre des enfants et des jeunes vous dire que nous ne sommes pas encore parvenus à notre fin C que nous n'avons pas encore réussi à créer pour eux une société dont ils veulent se souvenir C qu'en fait, nous leur avons plutôt offert une vie qu'ils aimeraient mieux oublier. Les voix que vous allez entendre sont celles de jeunes ayant participé au récent « Sommet international de la jeunesse contre l'exploitation sexuelle des enfants B Sortir de l'ombre » qui a eu lieu à Victoria, en Colombie-Britannique, en mars 1998. Cette vidéo a été produite en reconnaissance de leur droit d'être entendus. Dans un discours qu'elle a prononcé dernièrement, la sénatrice Landon Pearson a dit ce qui suit : « Il est impossible de prédire l'avenir, de prévoir avec certitude ce qu'apportera le siècle prochain. Mais ce siècle nous aura certes appris qu'il ne saurait y avoir de sécurité mondiale sans sécurité humaine; de sécurité humaine sans respect des droits de la personne; de respect des droits de la personne sans respect des enfants; de respect des enfants sans écouter et entendre ce qu'ils ont à dire. Dans notre monde interdépendant, nous devons être davantage que des observateurs des souffrances des enfants; nous devons être leurs partenaires de lutte, nous devons leur parler et les consulter car ils en savent plus sur leurs expériences que nous. Alors, nous pourrons agir ensemble. » Le message que nous allons entendre a été présenté par Cherry Kingsley, une des jeunes participantes et par la sénatrice Pearson, à la table des Nations Unies il y a quelques mois. Elle est loin de décrire la société de nos rêves.

Vidéo

Cette société n'est pas celle dont nous rêvons C une société qui dépouille les enfants de leur innocence C qui prive les enfants de leur enfance; une société où un enfant peut « déambuler sans but pendant des heures, à la recherche d'aide, de quelqu'un qui le comprenne »; une société où les drogues amenuisent la douleur de l'exploitation; une société où l'enfant croit qu'il ou elle doit offrir son corps en otage pour être aimé; une société où les jeunes qui ont été exploités ont l'impression de ne pas avoir de place pour eux lorsqu'armés de tout leur courage et de toute leur force, ils « sortent de l'ombre ».

Le préambule de la Convention, l'entente que nous avons signée comme peuple, reconnaît que : « la dignité inhérente à tous les membres de la famille humaine ainsi que l'égalité et le caractère inaliénable de leurs droits sont le fondement de la liberté, de la justice et de la paix dans le monde. »

Comment allons-nous jeter les fondements de la société de nos rêves? Voilà une des principales raisons pour lesquelles vous êtes rassemblés ici à Banff aujourd'hui C vous y êtes venus pour discuter de la façon d'ériger ces fondations, de la façon d'assumer notre responsabilité envers nos enfants, de la façon de prendre soin de nos enfants. Alors commencerons-nous réellement à animer d'un souffle de vie la CNUDE.

D'après ce qu'en dit le Centre européen de recherche en politique sociale : [traduction] « Les stratégies d'application de la Convention doivent être élaborées à différents niveaux : du niveau macro-politique au niveau de la base communautaire, de la vie quotidienne. Il faut combler les écarts entre la recherche, la politique et la pratique. » Combler les écarts, voilà exactement ce que vous faites dans votre forum « de la recherche à la pratique » C'est une démarche indispensable à l'érection des fondations, indispensable si on veut animer la Convention d'un souffle de vie.

La CNUDE et les services de garde d'enfants

Les articles de la Convention relative aux droits de l'enfant recouvrent des secteurs comme les soins de santé primaires et la protection de l'enfance, l'éducation, les loisirs, les activités culturelles et les enfants en conflit avec la loi, et comportent des mesures générales de mise en oeuvre décrivant le processus par lequel les États parties traduiront en termes concrets la CNUDE. L'article le plus intéressant en ce qui concerne les services de garde d'enfants est (outre celui sur « l'intérêt supérieur ») le suivant :

ARTICLE 18

1. Les États parties s'emploient de leur mieux à assurer la reconnaissance du principe selon lequel les deux parents ont une responsabilité commune pour ce qui est d'élever l'enfant et d'assurer son développement. La responsabilité d'élever l'enfant et d'assurer son développement incombe au premier chef aux parents ou, le cas échéant, à ses représentants légaux. Ceux-ci doivent être guidés avant tout par l'intérêt supérieur de l'enfant.

2. Pour garantir et promouvoir les droits énoncés dans la présente Convention, les États parties accordent l'aide appropriée aux parents et aux représentants légaux de l'enfant dans l'exercice de la responsabilité qui leur incombe d'élever l'enfant et assurent la mise en place d'institutions, d'établissements et de services chargés de veiller au bien-être des enfants.

3. Les États parties prennent toutes les mesures appropriées pour assurer aux enfants dont les parents travaillent le droit de bénéficier des services et établissements de garde d'enfants pour lesquels ils remplissent les conditions requises.

Nous savons qu'il nous reste encore beaucoup de chemin à parcourir avant de pouvoir nous acquitter pleinement des responsabilités mentionnées dans cet article.

Richard Reid, un des administrateurs du Fonds des Nations Unies pour l'enfance, a déclaré ce qui suit dans un discours-programme prononcé lors de la conférence internationale sur les

droits des enfants « La force de l'enfant, la force de la famille » (Victoria, Colombie-Britannique, juin 1994) :

> *[traduction]*
> *Voici maintenant quatre ans que les pays du monde ont adopté unanimement la Convention relative aux droits de l'enfant à l'Assemblée générale annuelle des Nations Unies. Si l'on jette un regard rétrospectif sur le monde au cours de ces quelques années, force nous est de constater l'avalanche de violence qui s'est abattue sur les enfants, les villages incendiés par la sauvagerie des nouvelles guerres ethniques, la misère des rues des grandes villes et les familles dysfonctionnelles C toute cette destruction qui se joue, en quelque sorte, parallèlement aux fantastiques gains dans le domaine de la santé des enfants et aux solides progrès qui ne cessent de s'accomplir dans le domaine de l'éducation de base. Quelqu'un peut-il nous dire... où les aiguilles de l'horloge se situent pour les enfants, dans la crise mondiale, à l'heure actuelle? L'horloge annonce-t-elle l'aube d'un renouveau, fait-elle briller la lumière du jour devant nous, ou est-elle près de sonner le glas de minuit?... Dans tout ce mélange incertain d'espoir et d'austérité, il y a une chose dont nous pouvons être sûrs, c'est que la Convention relative aux droits de l'enfant nous est acquise et qu'elle s'imprègne avec plus d'ardeur chaque jour dans le monde. Alors que d'autres traités nationaux s'affaiblissent, la Convention relative aux droits de l'enfant soulève l'enthousiasme du globe depuis quatre ans; plus de pays y ont donné leur adhésion qu'à n'importe quel autre traité humanitaire d'ordre général dans l'histoire. C'est une marée montante qui soulèvera en peu de temps tous les navires. Chacune et chacun d'entre nous qui travaillons auprès des enfants devons compter sur cette force croissante* (juin 1994, p. 29).

Tous et toutes parmi nous qui nous efforçons d'offrir aux enfants les services de garde de qualité dont ils ont besoin alimentons cette marée montante. Votre travail à ce symposium doit prendre appui sur cette force grandissante.

Nous pouvons alimenter ce mouvement en assumant personnellement et professionnellement notre responsabilité envers les enfants. J'aimerais vous raconter l'histoire d'un jeune homme abandonné par beaucoup d'adultes, mais qui a malgré tout trouvé sa vérité et servi les intérêts d'un grand nombre d'enfants par la suite. Il était membre du comité directeur des jeunes dans le cadre de la conférence « La force de l'enfant, la force de la famille ». Son nom est Franklin Doss.

Franklin a décrit sa vie dans un discours prononcé lors d'un grand rassemblement politique qui a eu lieu à Ottawa il y a plusieurs années. La reporter attachée au journal The Province, Barbara McLintock, en a fait une description émouvante dans un article paru en 1994 :

[traduction]
Il a parlé de son enfance, du viol et de la violence subis à répétition dans les pensionnats et les foyers d'accueil, de l'horreur de sa vie comme jeune prostitué dans les rues de Vancouver, de ses amis qu'il a vus mourir d'une surdose et du sida. Il a parlé de sa réaction lorsqu'il a appris qu'il était lui-même séropositif. Il a parlé avec une émotion particulièrement forte des épreuves auxquelles il a fait face quand il a voulu se tenir la tête haute, parmi les gens de son peuple autochtone, en arborant fièrement son homosexualité.

Dans son article sur Franklin Doss, Barbara McLintock demande ce que l'on peut offrir comme espoir réel à Franklin et aux dizaines de milliers d'autres jeunes sans abri et défavorisés. En fait, Franklin a représenté l'espoir si désespérément recherché. Il est devenu un jeune leader dans sa collectivité, s'engageant activement dans le Réseau national des jeunes pris en charge, afin de faire entendre la voix de tous ces jeunes oubliés ou laissés pour compte dans notre société. Il a parlé de l'importance pour les gens privés de leurs droits et défavorisés de défendre leur propre cause. Le 1er juillet 1994, le monde, et de nombreux enfants et jeunes qui avaient besoin de lui, ont perdu Franklin Henry Doss. La police de Vancouver a classé sa mort parmi les suicides. Le monde continue à engendrer puis à détruire trop d'enfants comme Franklin.

Si nous voulons participer à la création, et favoriser le maintien, d'un réel changement pour les enfants, nous devons investir nos ressources de façon à nous assurer qu'un changement se produira bel et bien dans les faits. Notre désir « d'animer d'un souffle de vie » la CNUDE est un des investissements que nous pouvons faire, personnellement et professionnellement. La Convention dépeint la « société de nos rêves ». Elle décrit pleinement les responsabilités que nous devons assumer à l'égard de nos enfants si nous voulons bâtir un avenir meilleur pour nous tous. Cet avenir, personne ne peut mieux le décrire que Marion Wright Edleman, du Children's Defense Fund, dans son poème intitulé *Guide My Feet* (1995). Il s'agit de l'adaptation d'une prière d'Ina Hughes :

[traduction]
Nous acceptons la responsabilité des enfants
qui subtilisent des popsicles avant le souper
qui effacent des ronds dans leurs cahiers de mathématiques
qui ne trouvent jamais leurs chaussures.

Nous acceptons la responsabilité de ceux qui, de derrière les barbelés, observent les photographes
qui ne peuvent déambuler dans les rues dans une nouvelle paire d'espadrilles
qui ne comptent jamais « un, deux, trois, quatre, ma petite vache... »
qui sont nés dans des endroits où nous ne mettrions pas le pied
qui ne vont jamais au cirque
qui vivent dans un monde coté X.

Nous acceptons la responsabilité des enfants
qui nous donnent des baisers collants et des poignées de pissenlits
qui nous embrassent à la course et oublient l'argent de leur déjeuner.

Nous acceptons la responsabilité de ceux
qui n'ont jamais de dessert
qui n'ont pas de doudou à traîner derrière eux
qui regardent leurs parents les regarder mourir
qui ne peuvent trouver de pain à voler
qui n'ont pas de chambre à nettoyer
qui n'ont leur photo sur la commode de personne
et dont les monstres sont réels.

Nous acceptons la responsabilité des enfants
qui ont dépensé toute leur allocation avant le mardi
qui piquent des crises à l'épicerie et jouent avec leur nourriture
qui aiment les histoires de fantôme
qui empilent leur linge sale sous le lit et ne rincent jamais la baignoire
qui sont visités par la bonne fée
qui n'aiment pas qu'on les embrasse devant le parc automobile
qui ne tiennent pas en place à l'église ou au temple et qui hurlent au téléphone
et dont les larmes nous font parfois rire et le sourire, parfois pleurer.

Et nous acceptons la responsabilité de ceux
qui font des cauchemars en plein jour
qui mangeraient n'importe quoi
qui n'ont jamais vu un dentiste
que personne ne gâte
qui vont au lit affamés et s'endorment en pleurant
qui vivent et se déplacent, mais qui sont sans âme.

Nous acceptons la responsabilité des enfants
qui demandent à ce qu'on les porte et de ceux qui n'ont pas le choix d'être portés
de ceux qu'on n'abandonne jamais
et de ceux qui n'ont pas une deuxième chance
de ceux qu'on dévore de caresses
et de ceux qui agripperaient n'importe quelle main tendue.

Carol Bellamy, directrice générale de l'UNICEF, déclare que notre siècle, à l'aube duquel les enfants n'avaient pratiquement aucun droit, se termine en donnant aux enfants un puissant instrument juridique, qui ne fait pas que reconnaître, mais qui protège leurs droits comme personnes humaines.

Il n'en tient qu'à nous, au Canada, d'animer d'un souffle de vie cet instrument juridique puissant, d'en introduire les notions dans notre travail au sein des services de garde, d'en introduire les notions dans notre travail auprès des enfants.

Si nous agissons avec sagesse, nous « animerons d'un souffle de vie » la Convention relative aux droits de l'enfant. Chaque nouvelle génération offre une chance de plus à l'humanité. Si nous pouvons concrétiser la vision du respect fondamental du droit qu'ont les enfants qu'on s'occupe d'eux, qu'on se soucie d'eux, qu'on les protège et les soigne, qu'on les écoute C alors ils se souviendront. Il est à espérer qu'ils ne laisseront pas sombrer dans l'oubli la société dont nous rêvons tous. Peut-être nos enfants seront-ils ceux qui amèneront finalement la « paix dans le monde » et qui transmettront la sagesse à leurs enfants et à toutes les générations futures.

Source

Ce texte provient d'un cours intitulé "The UN Convention on the Rights of the Child: Giving Voice, Children's Rights Come Alive." (1995, revisé en 1997) University of Victoria School of Child and Youth Care. Ce cours a été conçu par Philip Cook et Sandra Griffin et a été rédigé par Liza Goulet et Kathy Rothwell. Victoria, Colombie-Britannique, Ministry of Skills, Training and Labour.

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KEYNOTE

Rethinking Child Poverty

[Presented as "Child Poverty in Canada - Recasting the Issue"]

by David P. Ross

Introduction

Each year, Statistics Canada releases figures on the numbers living below their low-income cutoffs (LICOs). Social groups and the media interpret these as poverty numbers. Consequently, we see headlines stating that 1.5 million children lived in poverty in 1996. But there appears to be growing criticism of this interpretation.

There are many attempts today to redefine poverty, both inside and outside governments. Most of these attempts are simply a variation on the rejigging of existing lines and approaches. They are trying to discover that elusive income cutoff where children have adequate basics—or an adequate "market basket"of goods and services. They are trying to define poverty by the items in the market basket. But what is the criterion that tells us when the basket is full enough? It seems that the Fraser Institutes comes closest, although it too waffles, because its market basket should just keep people alive—not much more. Statistics Canada sets the basket at a level to keep people out of straitened circumstances. The attempt in government today seems to be to find a middle ground.

Poverty of Opportunity

So what is the anti-poverty objective? The new understanding of poverty being put forth here is based on "roughly equalizing" the chances for children to become successful adults. It is a "poverty of opportunity" as opposed to a "basic market basket" approach—a levelling of the playing field. It is a notion based on providing the opportunity to succeed, not just to be fed and sheltered. We try to define what a successful adult is, and then what is required to achieve it. We also have to recognize that within a given society, the bar of success is established by those near the top, and this is highly related to income.

The "success threshold" is set where young adults must successfully navigate and compete in the labour market and participate socially and politically in their communities. This threshold demands high levels of physical, mental and emotional development, and strong educational, computer and communication skills. The threshold is much higher than in developing countries where there is a greater reliance on physical and lower-level labour skills.

How do we define a successful adult? We have developed four main ingredients in the Canadian Council on Social Development's annual *Progress of Canada's Children*:

- Good health – attaining a state of physical, mental and emotional well-being
- Good social skills – being able to get along with family, neighbours and co-workers
- Good learning skills – acquired through formal education, cultural and recreational activities
- Good earning skills – being able to economically sustain oneself and one's family

Successful adults grow from successful children, and healthy child development requires more than just basic food, clothing and shelter. It is dependent upon access to economic resources and shelter; good health care (including pre and postnatal care, and dental care); good child welfare services for neglected and abused children; positive parenting and child care experiences; good schooling, recreational and cultural opportunities; an involvement in community life; and a physical environment that is safe from pollution and crime.

Where do these ingredients come from? The ability to provide access to these services and living conditions varies considerably among families, in large measure because of the inequality of incomes in Canada. These inequalities are being exacerbated by cutbacks in health, education and social services. As families are the primary caregivers in society, the new definition of poverty must consider what level of family income, combined with a given level of public services, is necessary to roughly equalize the life chances of all children.

That equalizing opportunities is related to the level of family income is now easier to demonstrate because of two new national longitudinal surveys (National Longitudinal Survey

of Children and Youth; and the National Population Health Survey). For the first time in Canada, the evidence is now both abundant and compelling. To date, we have examined linkages between income and 28 outcomes and living conditions associated with the well-being of children. In each case, we have found a statistical association with family income levels.

These income gradients of opportunity leave us with a dilemma in choosing an income cutoff. Since opportunity is continuous, there is no unique cutoff dividing "poor and non-poor kids." Imagine a graph based on a hypothetical composite construction comprising all the 28 gradients (ingredients) showing that as income increases, opportunity to succeed increases.

Our new approach is based on opportunity, and does not assume a cutoff. It acknowledges the many conditions that affect opportunity, and that they vary all along the income scale. My view is that without a discrete cutoff, any decision about a poverty line is based on how much inequality and downstream social costs a society is willing to tolerate. In determining the cutoff, two factors must be considered.

The first is based on morality and social justice: how much inequality do people think is fair and just? How much do we want to help children living in poor conditions and circumstances not of their own doing?

The second is the weighing of the costs of doing something today to equalize opportunity against the later costs of not doing much. The lower the cutoff, the greater the inequality of outcome, and the larger the economic and social costs tomorrow as fewer children make successful transitions to adulthood. A dollar saved today by not maximizing opportunities is simply a dollar delayed until later. It is ironic that while we piously spoke about the need and urgency to bring down the fiscal deficit because we did not want to burden future generations, we did not consider the "social deficit" we are passing on.

So where is the cutoff? To begin to answer this, let's see what Canadians think, by using the results from the Gallup poll which has asked the following question since 1976:

> *"Generally speaking, what do you think is the least amount of money a family of four needs each week to get along in this community?"*

The amounts (annualized) continually track the LICO. Thus, Canadian opinion supports the LICO as it has increased over time with the standard and cost of living. At the beginning of 1997, the annual amount was $26,000, which puts it in the near-bottom income range in our gradient charts. This suggests that while Canadians accept a fair amount of inequality of opportunity, it is more closely approximated by LICO and not that of its harshest critic (Fraser Institute) which would tolerate about $16,000 for a family of four.

Now we can see what it means for the 1.5 million children living below the LICO in 1996. There is substantial "poverty of opportunity." Are our concerns justified? The Canadian Council on Social Development believes so, and urges the following commitment: That it must become an important collective endeavour to better equalize the opportunities for children to succeed. To level the playing field. A child's chances for a successful transition to adulthood should not depend so heavily on family income.

***David P. Ross** is executive director of the Canadian Council on Social Development. At the forum, David Ross also presented a workshop on "Child Development Outcomes with a Focus on Children Living in Lone-parent Families."*

Charts will be available in the upcoming CCSD publication *Rethinking Child Poverty*.

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ALLOCUTION

Second regard sur la pauvreté des enfants au Canada

par David P. Ross

Introduction

Chaque année, Statistique Canada publie des chiffres sur le nombre de gens qui vivent sous le seuil de faible revenu. Les groupes sociaux et les médias interprètent ces données comme une indication du niveau de pauvreté. Par conséquent, on pouvait lire, à la une des journaux en 1996, qu'un million et demi d'enfants vivaient dans la pauvreté. Or, c'est là une interprétation de plus en plus contestée à l'heure actuelle.

On tente de diverses façons depuis un certain temps de redéfinir la pauvreté, tant à l'intérieur qu'à l'extérieur des gouvernements. La plupart de ces tentatives ne sont qu'une variation sur un même thème ou qu'une résurgence déguisée d'anciens modes de pensée. On cherche en fait à découvrir cet insaisissable seuil de revenu qui assurerait aux enfants l'essentiel, c'est-à-dire « un panier d'emplettes » suffisamment garni de biens et de services. On essaie en somme de définir la pauvreté d'après le nombre d'articles déposés dans le panier. Mais quels critères utilisera-t-on pour déterminer le moment où le panier est suffisamment plein? Il semble que ce soit le Fraser Institute qui parvienne le mieux à établir

ces critères, quoiqu'on ne puisse pas non plus lui faire entièrement confiance puisque son panier d'emplettes sert tout juste à maintenir les gens en vie, sans plus. Pour Statistique Canada, le panier doit être suffisamment garni pour que les gens ne soient pas dans la gêne. Il semble que, de nos jours, le gouvernement soit en quête d'un moyen terme.

La pauvreté des chances

Quel objectif se fixe-t-on au juste dans la lutte contre la pauvreté? La nouvelle analyse de la pauvreté présentée ici est fondée sur l'atteinte d'une certaine égalité des chances qui permettrait aux enfants de devenir des adultes compétents. On oppose ici la « pauvreté des chances » à l'approche du « panier d'emplettes de base » – il s'agit en quelque sorte d'un nivellement du terrain de jeux. C'est une approche qui cherche à donner aux enfants l'occasion de réussir, et non seulement d'être nourris et logés. On tente ici de définir ce qu'est un adulte compétent et ce qu'il faut qu'il ait reçu pour atteindre ce niveau. Il faut aussi reconnaître le fait que dans une société donnée, ce sont les gens haut placés qui calibrent le succès et que le succès est intimement lié au revenu.

Le « seuil de la réussite » se mesure à la capacité de l'adulte de naviguer avec succès ou de rivaliser avec autrui sur le marché du travail et de s'engager socialement et politiquement dans son milieu. Ce seuil exige un haut niveau de développement physique, mental et émotif et de solides compétences sur les plans éducatif et informatique ainsi qu'en matière de communication. Ce seuil est beaucoup plus élevé que dans les pays en développement ou l'on met davantage l'accent sur la capacité physique et où l'on est à la recherche d'une main-d'oeuvre moins qualifiée.

Quelle est la définition d'un adulte compétent? D'après la publication annuelle du Conseil canadien de développement social, intitulée *Progrès des enfants au Canada*, quatre ingrédients sont essentiels :

- Une bonne santé – l'atteinte d'un état de bien-être physique, mental et émotif
- De bonnes aptitudes sur le plan social – la capacité de s'entendre avec sa famille, ses voisins et ses collègues
- De bonnes capacités d'apprentissage – acquises au moyen d'un enseignement structuré et d'activités culturelles et récréatives
- La capacité de gagner son pain – d'assurer sa propre subsistance et celle de sa famille

La compétence de l'adulte est acquise dans l'enfance, et le sain développement de l'enfant exige plus que de la nourriture, des vêtements et un logement. Il est tributaire de l'accès

aux ressources économiques et au logement; de bons soins de santé (y compris les soins prénatals et post-natals et les soins dentaires); de bons services de protection de l'enfance pour les enfants négligés et violentés; d'une expérience positive avec les parents et les services de garde; d'un bon milieu scolaire, récréatif et culturel; d'une participation à la vie communautaire et d'un environnement physique exempt de pollution et de criminalité.

D'où viennent ces ingrédients? La capacité de donner accès à ces services et à ces conditions de vie varie considérablement d'une famille à l'autre, en grande partie à cause de l'inégalité des revenus au Canada. Ces inégalités sont accentuées du fait des coupes qui s'exercent dans les services de santé et les services sociaux et éducatifs. Comme ce sont les familles qui contribuent le plus à l'éducation dans la société, la nouvelle définition de la pauvreté doit établir quel niveau du revenu familial, combiné à un niveau donné de services publics, est nécessaire pour offrir à tous les enfants une certaine égalité des chances dans la vie.

Il est maintenant plus facile de faire la preuve que l'égalité des chances est liée au niveau de revenu familial grâce aux deux nouvelles enquêtes longitudinales nationales (l'Enquête longitudinale nationale sur les enfants et les jeunes et l'Enquête nationale sur la santé de la population). Pour la première fois au Canada, les preuves sont maintenant nombreuses et indéniables. À ce jour, nous avons examiné le lien entre le revenu et vingt-huit indicateurs de résultats et conditions de vie associés au bien-être des enfants. Dans chaque cas, on a pu établir une association statistique avec le niveau de revenu des familles.

Cette représentation graduée des chances en fonction du revenu nous pose un dilemme quand vient le moment de choisir un seuil de revenu. Étant donné que les occasions dans la vie sont continues, il n'y a pas de ligne de démarcation unique séparant les « enfants pauvres des non pauvres ». Imaginez un graphique ou schéma hypothétique comprenant les vingt-huit paliers (ou ingrédients) montrant que les chances de succès augmentent avec le revenu.

Notre nouvelle façon de voir les choses est fondée sur la notion de possibilité et ne prévoit pas de ligne de démarcation. Elle reconnaît que de nombreux facteurs entrent en jeu dans les possibilités et que ces facteurs varient suivant la courbe de l'échelle de revenu. J'estime quant à moi que sans une ligne de démarcation claire, toute décision au sujet de seuil de pauvreté ne peut être basée que sur le degré d'inégalité et les coûts sociaux qu'une société est prête à tolérer à long terme. En fixant la ligne de démarcation, deux facteurs doivent être pris en compte.

Le premier a trait à la moralité et à la justice sociale : jusqu'où l'inégalité est-elle jugée acceptable et juste par les gens? Jusqu'à quel point voulons-nous aider les enfants qui vivent dans des conditions ou dans un contexte misérables, sans l'avoir choisi?

Le deuxième consiste à se demander s'il ne serait pas plus avantageux d'assumer aujourd'hui le coût de l'égalisation des chances plutôt que de payer plus tard la note du laisser aller. Plus la ligne de démarcation sera basse, plus grande sera l'inégalité des résultats ou plus importants seront les coûts économiques et sociaux de demain alors que moins d'enfants franchiront avec succès les étapes qui mènent à l'âge adulte. Le dollar économisé aujourd'hui en n'optimalisant pas les possibilités est tout simplement un dollar à payer plus tard. N'est-il pas ironique qu'après nous être pieusement attardés sur la nécessité et l'urgence de lutter contre le déficit financier pour ne pas le léguer aux générations futures, nous avons fermé les yeux sur le « déficit social » que nous leur transmettons?

Mais où se situe donc cette fameuse ligne de démarcation? Pour avoir un début de réponse, regardons ce que pensent les Canadiens d'après les résultats du Sondage Gallup qui leur pose la question suivante depuis 1976 :

> *« De façon générale, quel montant d'argent faut-il au minimum, d'après vous, chaque semaine à une famille de quatre personnes, pour vivre dans notre société? »*

Les montants (établis sur une base annuelle) suivent continuellement le seuil de faible revenu. Ainsi donc, l'opinion canadienne est d'accord avec le seuil de faible revenu, qui augmente peu à peu en fonction du niveau de vie et du coût de la vie. Au début de 1997, le montant annuel était de 26 000 $, ce qui le place presque au bas de nos échelles graduées. C'est dire qu'alors que les Canadiens acceptent un certain niveau d'inégalité des chances, celui-ci est davantage en rapport avec le seuil de faible revenu (SFR) qu'avec celui de son adversaire le plus acharné (l'Institut Fraser) qui tolérerait environ 16 000 $ pour une famille de quatre.

On peut maintenant voir ce que cela représente pour le million et demi d'enfants qui vivaient sous le seuil de faible revenu en 1996. Il existe effectivement une « pauvreté des chances ». Nos préoccupations sont-elles justifiées? Le Conseil canadien de développement social estime que oui, et lance un pressant appel à un engagement collectif en vue d'égaliser davantage les chances de succès des enfants. En vue de niveler le terrain de jeux. La possibilité qu'un enfant franchisse avec succès les étapes qui le mènent de l'enfance à l'âge adulte ne devrait pas dépendre à ce point du revenu familial.

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On trouvera les graphiques dans la publication prochaine du CCDS intitulée *Un nouveau regard sur la pauvreté des enfants*.

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A-2

Carework

Perspectives of Home Child Care Providers

[Presented as "Contradictory Constructions of Quality in Home Child Care"]

by Irene Kyle

Introduction

This study examines how a cross-section of 15 agency-supervised and 15 independent home child care providers in southern Ontario perceive their work of caring for other people's children. It discusses the meaning carework holds for them in the context of the dominant social discourses related to work and caring, mothering and professionalism in early childhood education. While data from various national studies indicate home child care provided by unrelated caregivers is the predominant non-parental child care arrangement of Canadian children (Lero 1997; Beach, Bertrand, Cleveland, 1998), the positioning of home child care in relation to the public child care system and the role of home care providers is ambiguous and contradictory. As Pollard and Fischer (1992) have noted, "Family day care providers appear to be suspended in judgment between the public world with its ideology of professional caregiving and the private world with its ideology of motherhood" (p. 101).

Previous research has tended to focus on home child care from the perspective of trying to understand how to make it a safe, quality service for young children, and has concentrated on external quantifiable measures of providers' behaviour, personalities and home environments. With few exceptions, efforts to directly obtain home child care providers' understanding of their own experiences of providing child care have not been made. The present study seeks to "problematize" providers' carework, shifting the research focus from children's needs and the impact of care on their development to a focus on providers and their experiences in offering care. Rather than taking providers' accounts of their work as "fact," the research explores

how providers' thinking about carework is, in turn, shaped by current socio-political discourses. The study also takes a broader ecological perspective by considering providers' carework in the context of their homes, family life and neighbourhoods. This approach sheds light on aspects of the caregiving experience which might be omitted or seen as unmanageable in quantitative, more reductionist approaches.

Methodology

The design and analysis of the study is qualitative and multidisciplinary, drawing on theoretical assumptions and frameworks from ecological theory (Bronfenbrenner, 1979, 1988; Garbarino, 1990; Bronfenbrenner and Morris, 1997), the sociology of knowledge and critical sociology, as well as feminist perspectives (e.g. Smith, 1987; DeVault, 1990). Intensive semi-structured interviews, 2 to 3 hours in length, were conducted with 30 providers in their homes. Fifteen of the providers were supervised by seven home child care agencies; 15 worked independently. The providers, from diverse cultural backgrounds, were recruited through family daycare agencies, provider networks, resource centres and a caregiver registry, as well as from newspaper ads and supermarket bulletin boards, and by word of mouth from other providers. Most of the providers lived in Metro Toronto; six were from nearby, smaller, more rural communities—Alton, Bolton and Fergus.

Given the lack of a statistically representative sample in qualitative research, the research results cannot be generalized to all home child care providers. There is no way to be certain of the extent to which interviewed providers' accounts are similar to or different from the providers who were not interviewed; this is a subject for future research.

Summary of Key Findings

Ecological Nature of Home Child Care

Providers' accounts contain extensive information about how they view various aspects of their carework, including their reasons for doing home child care; how they plan for and carry out their daily routines; how they negotiate and manage the business aspects of their work; and their participation in agency and community training and support programs. Providers' descriptions of their work highlight the ecological and complex nature of their interrelationships with daycare children and their parents, their own children and other family members, as well as other providers, and staff from agencies and community support programs such as resource centres, play groups and provider networks. Their accounts also contain clear indications of how their carework is affected by where they live and the nature of the physical resources (e.g. housing, parks, safe playgrounds) and social resources (e.g. home child care agencies, caregiver registries, toy libraries, play groups) that are available in

their neighbourhoods. Without this holistic perspective, essential elements of the providers' lives and home settings may be overlooked and misunderstood.

Providers are often caught in the contradictions that result from offering a public service in a private home setting based on traditional caregiving values. Although providers offer home child care to contribute to the financial support of their families, most of the providers in this study saw carework as an extension of their mothering role and as a means to allow them to combine caring for their own children with paid work. For many providers in this sample, their practical experience as mothers served as the basis for their carework. Many providers took pride in the private, "home-like" nature of the care they offered, which they saw as differing from the more public and "institutional-like" centre-based care. They viewed themselves as being more responsive and flexible and having more direct and often extensive involvement with daycare children and their parents. Many viewed their caring relationships with children as among the most satisfying aspects of their work. As they gained more experience, providers reported adopting a number of strategies to help them manage these problematic areas, by using written contracts with parents, setting rules about the times when care was offered and what food and clothing items parents must supply, by charging of late fees, and finding more ways to schedule personal and family time. If providers and parents were able to agree on these terms, enduring and supportive friendships reminiscent of extended families often appeared to result.

Some providers' views of carework directly challenge and contradict professional notions of appropriate caregiver roles. In Ontario, for example, public policy places responsibility for ensuring "quality" care not with the worker directly providing care, but with a *public* agency that is separate from, but held responsible for monitoring them and offering them training and support. Providers are treated as "objects" to be supervised, rather than as autonomous, responsible agents. The home visitor is seen as the expert, the supervised provider as more of a "client" than a co-worker and colleague. (Independent providers are generally considered as having even less competence.) Providers also tend to be treated as though they belong in a single careworker category, so that there is little recognition of the skills and knowledge individual providers may bring to their work through prior education and training, current participation in community support programs, or actual caregiving experiences.

In contrast, home child care providers' accounts of what is involved in being a good caregiver and offering quality care suggest that many providers bring a clear sense of *personal* agency and ethical responsibility to caregiving. Providers identified six interrelated elements as being important in offering quality care (see Table):

- intentionality, or making a conscious choice to care for children over other kinds of work;
- a sense of meaningfulness and job satisfaction;
- a sense of building interdependent, enduring relationships with children and families;
- a sense of their own personal integrity and trustworthiness;

- a sense that they are able to have control over their own work; and
- finding constructive ways to balance the demands of carework and family obligations.

A number of the dissatisfactions and stresses providers described, such as a feeling that their work is taken for granted and not respected, and that they have little say in determining the conditions of their work, can also be seen to be related to an absence of certain dimensions of *personal* agency, and are associated with poor caregiving practice.

Table 1

Factors Identified by Home Child Care Providers That Contribute to Quality Care and Dimensions of Personal Agency

What it is ... a sense of:	When it's missing ... a sense of:
1. **Intentionality, choice:** commitment to offering care. Provider makes a conscious choice to care for children over other kinds of work. Supported by husband, other family members in carework.	**Feeling trapped:** not feeling they have work or economic choices other than home child care —they are in it "for the money." Lack of support by husband, other family members for carework.
2. **Meaningfulness, satisfaction with their work:** sense of what they do matters; that they are contributing to children's learning & well-being, helping out their parents & contributing to the community. Feeling of being respected. Sense of fascination with children; pride in children's achievements.	**Devaluation, dissatisfaction:** feeling that their skills, training and experience are not valued or recognized. Feeling they are being taken advantage of, or taken for granted by parents, agency staff. Feeling that carework is not socially valued.
3. **Caring relationships, interdependence and social support:** building enduring, caring relationships with daycare children & families. Finding ways to connect with other providers, community programs to obtain and share support, relief.	**Superficial relationships; isolation:** high turnover of families and children involving short-term, transitory relationships. Isolated; lacking social support and feedback from others.
4. **Personal integrity—trustworthiness, honesty, taking responsibility:** for their own learning, development; for preparation and planning aspects of carework; for setting clear expectations, resolving problems. Personal sense that they are respected and seen as competent caregivers.	**Feeling they are not trusted:** their skills and experience not respected. **Diminished sense of responsibility:** passivity, doing things because they are afraid of being caught, rather than because they personally believe that doing them is important. Avoidance of problems, differences of opinion with parents.
5. **Having control [power] over, organizing their own work:** characterized by flexibility, creative responsiveness; not "rule" bound; altruistic helping: extending themselves beyond "business" obligations, agency requirements; speaking up for themselves [having a "public" voice]; advocacy re: home child care.	**Feeling of powerlessness, being silenced:** lack of control over their work: feeling that they have little or no say in determining the conditions of their work; no security that work (i.e. children, subsidies) will be available. No public voice or visibility; self-deprecation. Lack of language to articulate carework.
6. **Appropriate setting of boundaries:** able to find a balance between work and family obligations. Making time, and finding ways to meet own personal needs.	**Difficulty setting and keeping appropriate boundaries:** sense of not being able to stop being exploited. Erosion of personal time; lack of attention to own physical and mental health needs, to family needs.

A number of these dimensions (e.g. intentionality, pride in their work, responsiveness, seeking learning opportunities, and social support) have been noted in other research studies of family daycare as key factors that contribute to the quality of care provided (Fischer and Eheart, 1991; Pence and Goelman, 1991; Kontos, Howes, Shinn et al., 1995). Many of these dimensions have also been described in the social psychological literature as being related to concepts of self-efficacy (Bandura, 1982); self-esteem, greater creativity, more trust, and better physical and mental health (Deci and Ryan, 1987); and in the social support literature as being related to a sense of personal empowerment (Cochran and Cornell Empowerment Group, 1989). There are also parallels between the various dimensions of personal agency and the experiences of powerfulness and powerlessness identified by caregivers who care for the elderly (Rutman, 1996). The ethical aspects imbedded in a number of dimensions of personal agency strongly echo Gilligan's (1982) work on ethics of care and Ruddick's (1989) work on maternal thinking. These findings suggest the need for a rethinking of professional approaches to home child care to take into account providers' personal agency and sense of responsibility, as well as the complex ecological nature of their carework. The findings also point to the need to rethink the present Ontario approach to home child care and suggest the development of an alternative public service model that validates and builds on the wisdom and strength of providers' experiences.

References

Bandura, A. (1982) Self-efficacy mechanism in human agency. *American Psychologist* 37(2): 122-47.

Beach, J., Bertrand, J., Cleveland, G. (1998) *Our Child Care Workforce: From Recognition to Remuneration*. Ottawa: Child Care Human Resources Steering Committee; Canadian Child Care Federation.

Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge: Harvard University Press.

Bronfenbrenner, U. (1988) Interacting systems in human development. Research paradigms: present and future. In N. Bolger, A. Caspi, G. Downey, & M. Moorehouse (eds.), *Persons in Context: Developmental Processes*, 25-49. Cambridge, U.K.: Cambridge University Press.

Bronfenbrenner, U. & Morris, P.A. (1997) The ecology of developmental processes. In R.M. Lerner (ed.), *Handbook of Child Psychology. Vol. 1: Theoretical Models of Human Development*, 993-1028. 5th ed. New York: John Wiley & Sons, Inc.

Cochran, M. & Cornell Empowerment Group (1989) Empowerment through family support. *Networking Bulletin: Empowerment and Family Support* 1(1): 2-12. Ithaca, N.Y.: Cornell (University) Empowerment Project.

Deci, E.L., & Ryan, R.M. (1987) The support of autonomy and the control of behavior. *Journal of Personality and Social Psychology* 53(6): 1024-37.

DeVault, M. (1990) Talking and listening from women's standpoint: feminist strategies for interviewing and analysis. *Social Problems* 37: 96-116.

Fischer, J.L. & Eheart, B.K. (1991) Family day care: a theoretical basis for improving quality. *Early Childhood Research Quarterly* 6: 549-63.

Garbarino, J. (1990) The human ecology of early risk. In S. Meisels & J. Shonkoff (eds.), *Handbook of Early Childhood Intervention*, 78-96. Cambridge, U.K.: Cambridge University Press.

Gilligan, C. (1982) *In a Different Voice*. Cambridge: Harvard University Press.

Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995) *Quality in Family Child Care and Relative Care*. New York: Teachers College Press.

Lero, D.S. (1997) *Children's Participation in Child Care Arrangements*. Ottawa: Human Resources Development Canada.

Pence, A.R., & Goelman, H. (1991) The relationship of regulation, training and motivation to quality of care in family day care. *Child and Youth Care Forum* 20(2): 83-101.

Pollard, J. & Fischer, J.L. (1992) Research perspectives on family day care. In D.L. Peters and A.R. Pence (eds.), *Family Day Care: Current Research for Informed Public Policy*, 92-112. New York: Teachers College Press.

Ruddick, S. (1989) *Maternal Thinking: Towards a Politics of Peace*. New York: Ballantine Books.

Rutman, D. (1996) Caregiving as women's work: women's experiences of powerfulness and powerlessness as caregivers. *Qualitative Health Research* 6(1): 90-111.

Smith, D.E. (1987) *The Everyday World as Problematic: A Feminist Sociology*. Boston: Northeastern University Press.

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A - 3

The Family Child Care Workforce

by Lee Dunster, Anne Maxwell and Patricia Mosher

Family child care has been described as an "ever present, but too seldom seen" component of the child care system in Canada. Among non-familial forms of care, only the school system looks after more children. In Canada, most child care occurs in people's homes, not in child care centres. However, despite the size and importance of family child care, leading researchers in the field admit that our understanding of it is still in its infancy and until now we have simply not had reliable information—particularly about unregulated family child care providers. This is astonishing when one considers that unregulated care providers make up about 95 percent of the family child care providers in Canada.

Models of Family Child Care in Canada

Regulated Care (estimated 15,000 providers; 45,000 children)

In Nova Scotia, Quebec, Ontario and Alberta, regulated family child care providers work through an agency that is licensed by the government. The agency acts as a broker between parents and care providers around issues such as fees and placements. It also provides supervision, and sometimes training, for the caregiver. In all other parts of the country, regulated providers are licensed directly by the provincial or territorial government and are monitored by government consultants. Family child care providers who are directly licensed do their own negotiations with parents.

Unregulated Care in Provider's Own Home (estimated 155,000 providers; 514,000 children)

All provincial and territorial child care regulations also permit child care in the caregiver's own home without a licence or permit, provided that a specific number of children is not exceeded.

Unregulated Care in Child's Home (estimated 115,000 providers; 214,000 children)

Child care provided in the child's home is not regulated in any province or territory.

Survey Approaches and Data Collection

Regulated Caregivers

The most notable survey undertaken to collect labour market information on regulated family child care providers occurred in 1996. A total of 15,939 providers were identified through provincial and territorial child care authorities from which a sample of 2209 providers was selected. Selected providers were mailed a detailed questionnaire booklet which drew heavily on the questionnaire used in the Caring for a Living study in 1988. Nationally, a response rate of 50% was achieved for this study, resulting in a sample size of 1007.

Unregulated Caregivers

Surveying the unregulated sector presented major methodological challenges, the most serious being the identification of caregivers so that contact could be made.

Ours was not the first attempt to survey unregulated caregivers. Over time, a variety of approaches has been tried, such as placing advertisements inviting unregulated caregivers to participate in research studies; getting referrals from local child care associations/networks; using the classifieds as a potential source of names; and asking unregulated caregivers, once found, to provide the name of other providers. However, the basic problem with all of these approaches is that they provide a rather biased sample and in surveying, a random sample is everything.

Statistics Canada Pilot Test

Statistics Canada agreed to take on the challenge of surveying the unregulated child care sector under a "pilot test" arrangement, testing the two most promising methodologies. The first approach was to simply see how many unregulated caregivers they would find by randomly contacting households and inquiring if anyone in that household provided child care on a regular basis. The second method tested involved asking parents in the households where children lived, about what type of child care arrangements were being used. In the cases where the response was unregulated care, they were then asked to provide the name and phone number of that person. Statistics Canada recommended that the first approach of randomly calling households was more statistically valid since it yielded less bias; however, Statistics Canada was unable to do the full survey within the budget we had. Therefore, we hired an independent survey firm to undertake the work based on the Statistics Canada methodology. Using a random-digit dialing technique, over a six-week period in 1997, researchers called more than128,000 numbers across Canada and contacted approximately 93,000 households; this resulted in completed interviews with 1006 unregulated caregivers.

Approximately 10 percent of households refused to participate in the screening interview, and 20 percent of unregulated caregivers refused to participate in the interview, resulting in a 70 percent response rate. Of those providers interviewed, about three-quarters provided care in their own home and about one-quarter provided care in the child's home.

The Reports

The results of the two surveys of family child care providers in Canada are available in the form of three reports. Since there are some differences in the methodology and the time frames in which these surveys were undertaken, the focus in presenting the results is to reflect on some of the overall trends rather than on making direct comparisons.

Who Provides Home Child Care?

Gender

It is not surprising that less than 2 percent of own home caregivers in the unregulated sector, 1 percent of caregivers in the regulated sector and 4 percent of child's home caregivers were male.

Age

The average age of own home caregivers was 38 years in the regulated sector and 37 years in the unregulated sector. In both groups, the largest number of caregivers (46% of respondents) were 30 to 39 years of age, while only 10 percent were 50 years of age or over. Child's home caregivers (average age 33) showed a much greater range with 13 percent of caregivers aged 50 or over and 13 percent of respondents 18 to 19 years of age. Only 2 percent of unregulated own home caregivers and less than 1 percent of regulated own home caregivers were 18 to 19 years of age.

Marital Status

Own home caregivers in both the regulated and unregulated sectors are more likely to be married or living with a partner (89% and 82%, respectively) while 64 percent of caregivers working in the child's home reported their status as single (including widowed, separated, divorced or never married).

Providers with Children Living at Home

Own home caregivers in both regulated and unregulated sectors were also much more likely to have children living with them. Of own home caregivers, only 13 percent in the regulated sector and 19 percent in the unregulated sector reported having no children living with them, while 77 percent of child's home caregivers reported no children.

Reasons for Providing Care

Across all three groups—own home regulated and unregulated, and child's home unregulated— caregivers' reasons for providing care were strikingly similar: a liking for children; the desire to be their own boss; the need in their community for good child care; and the desire to earn an income. Caregivers working in their own home in either regulated or unregulated sectors were also likely to cite being home with their own children as an important reason for providing care.

Contact with Other Caregivers

Fourteen percent of own home caregivers in the regulated sector, 30 percent in the unregulated sector and 48 percent of child's home caregivers reported having no contact with other caregivers. (It should be noted that those who reported some contact may only have annual or infrequent contact.)

For those who did report contact with other caregivers, the most important reasons cited by all caregivers included mutual support, training and play opportunities for the children. Caregivers in own home and child's home in the unregulated sector also cited sharing program ideas and discussing work-related issues as important, while caregivers in the regulated sector reported outings for the children and adult contact as important reasons.

Training and Professional Development

About 85 percent of survey respondents who were own home caregivers (regulated and unregulated) had completed a high school education, as had most (77%) of child's home providers. By way of comparison, 1996 data show that approximately 65 percent of Canadians over the age of 15 have completed high school.

About half of the providers in the three groups had some postsecondary education (58% regulated; 48% unregulated own home; 49% unregulated child's home). About one third of the providers working in the regulated sector (36%) and in the own home unregulated sector (33%) had completed a postsecondary credential. The percentage of providers with a completed postsecondary credential was slightly lower in the child's home unregulated sector (28%).

Providers in the regulated sector were not asked about their early childhood education–specific postsecondary credentials. As for the unregulated sector, the survey findings indicate that 11 percent of own home providers and 9 percent of child's home providers had an early childhood education credential.

Since the surveys of the regulated and unregulated sectors differed in professional development questions, we must look at the results separately. The regulated sector survey

focused on professional development activities undertaken in the previous year while the unregulated sector survey queried professional development activities taken at any time in the past. Seventy-eight percent of regulated providers had attended at least one training event in the past year and an average regulated caregiver had attended 3.7 events. Sixty-seven percent of unregulated own home providers and 55 percent of child's home providers had taken workshops or training related to child care at some point in the past.

Without complete information on the type of postsecondary training received, or more detailed data on the ongoing training of unregulated caregivers, it is not possible to reach any clear conclusions about whether one group of caregivers is better trained for their work in an overall sense.

Wages and Working Conditions in Family Child Care

Eighty percent of regulated own home, 59 percent of unregulated own home and 51 percent of unregulated child's home providers worked full-time—defined in this study as more than 48 weeks per year. Providers working in their own home typically reported that they spend about 47 hours a week providing care and nine more hours doing preparation. In child's home providers reported slightly fewer hours of work: an average of 44 hours of direct care and 8 hours of preparation.

Regulations about the number of children that may be cared for vary by jurisdiction, age of the children and type of care. Regulated caregivers tend to care for more children (4.9 on average) than unregulated own home caregivers (3.5 on average).

It was very clear from the surveys that home child care providers make very low wages. Once expenses such as food and supplies were covered, a typical caregiver reported making between $6,400 and $8,400 a year in net income. The differences that do exist between regulated and unregulated own home providers are mostly because regulated providers are allowed to care for more children. The average net income per child is almost the same—about $1,600. Child's home providers earn about $3,800 per child but look after a much smaller number of children (an average of 2.3).

Satisfaction with Various Aspects of Work

Across all three groups of caregivers, their relationship with the children received the highest satisfaction ratings. For caregivers in the unregulated own home and child's home sectors, the relationship with parents and their self-employed status were cited as the next most satisfying aspects. Caregivers in the regulated own home sector rated their relationship with a licensing authority or agency and the services and supports they received as the next most satisfying aspects.

All three groups ranked respect for the profession and their income among the least satisfying aspects of their work. Caregivers in the unregulated sector also identified availability of supports and training among the least satisfying aspects while own home caregivers in the regulated sector reported working conditions among the least satisfying.

Memberships in Child Care-related Associations and Organizations

Membership in child care associations and organizations is not common in the unregulated sector; only 11 percent of own home caregivers and 4 percent of child's home caregivers reported such memberships. While more common among regulated own home caregivers, only 46 percent reported memberships in associations or organizations.

The Future

Many caregivers in all three groups plan to be providing care in 3 years, either in their current role or elsewhere in the child care field. While 10 to 13 percent of caregivers were uncertain about the future, only 10 percent of own home regulated, 19 percent of own home unregulated and 24 percent of child's home did not intend to be working in the field. Eighty-one percent of own home caregivers in the regulated sector, 68 percent of own home and 64 percent of child's-home caregivers plan to be working in child care.

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A-4

Benefits and Costs of Good Child Care

The Economic Rationale for Public Investment in Young children

by Rebecca Scherer and Marta Juorio

The Child Care Advocacy Association of Canada (CCAAC) advocates for high quality, accessible, affordable child care and has done so since its inception in 1982. Those people committed to the development of a national program to support young children and their families have thought that there was both a societal and an economic benefit to be had. When we talk child care, we include centre-based care, family daycare, part-week preschool programs, after school programs and family resource centres. Child care has many faces. We are also supportive of the provision of generous parental leave policies. In the ongoing debate in which advocates engage, there has been a lot of rebuttal to the suggestion of a national child care program centring around costs (i.e. we cannot afford it) and parent choice (i.e. parents would not have choice if there was a national program). Although many advocates were sure that adequate provisions of quality child care for any who choose to use it—whether full time, part time or supplemental preschools—are beneficial to society, we needed the numbers to back us up. Following a presentation to the House of Commons Standing Committee on Human Resource Development by the CCAAC in 1994, we commissioned an economic cost-benefit analysis of a national child care program in Canada. Gordon Cleveland and Michael Krashinsky, economists at the University of Toronto, agreed to take on the task.

At the same time that the CCAAC was looking into a cost-benefit analysis of a national child care program, the federal government was instituting changes that make the

implementation of any national program more difficult. There have always been jurisdictional issues that need to be addressed, since child care is a social program that falls under provincial jurisdiction, and we wanted national standards and funding. With the implementation of the Canada Health and Social Transfer in 1995, the federal government reduced funding to the provinces for health and social programs, while freeing the provinces to spend where they like. Funding was no longer tied to services and there was no requirement to continue to provide services (Pulkingham and Ternowetsky, 1996).

Given the political climate of individual rather than collective responsibility and the debt/deficit argument for reduced government, it is increasingly difficult to argue for a strong federal role in social programs. However, the Cleveland and Krashinsky study gives us good arguments for the investment of public funds in a national child care program.

In *The Benefits and Costs of Good Child Care*, Cleveland and Krashinsky (1998) give an introduction to economic analysis. They discuss the concept of a competitive market and give examples of when and how markets work. They discuss briefly the framework provided by considering the free market and the recognized failures in the standard model. They then look at the reasons that a free enterprise competitive market fails for child care.

The ways in which the child care market fails are varied. First, there is failure because the market does not allow for the "public interest" in the outcome of child care. It is argued that child care is a mixed good in economic terms because the benefits are shared by both individuals and society. Market failure may also occur because of the variations in child care by parents; however, child care can provide important services to children regardless of parental resources. Other market failures can occur in relation to taxation, future earnings and payoffs to labour market attachment. Parents who choose to work and use child care, or not work and care for their children, may not know the impact this will have on lifetime earnings, or the impact on their career of time out from the labour force. Another failure occurs in relation to a welfare system that penalizes single parents who wish to work.

In looking at the long-term effects of good child care on children's development and learning, Cleveland and Krashinsky (1998) look at the implications of switching from parent/relative-only care to good quality non-parental care and the implications of switching from low quality care to high quality care. They do an extensive review of the literature in three areas. They look at:

- empirical studies that compare "ordinary, middle-class" children who have had early childhood education experiences with those who have not;
- compensatory programs for "disadvantaged" children; and
- the impact of variations in child care quality on children's developmental outcomes.

In looking at empirical studies that compare ordinary children who have had early childhood education experiences with those who have not, the literature finds positive benefits for early experiences. They focus on three studies with quantitative measures:

- The first is a French study (Richardson and Marx, 1989, in Cleveland and Krashinsky, 1998, p. 23) which finds that when controlling for the father's occupation, pupils with more years of preschool are less likely to repeat Grade 1.
- The second study is Swedish (Andersson, 1992, in Cleveland and Krashinsky, 1998, p. 23) which follows up on a study of the positive impacts of early childhood education experiences at age 8. At age 13, the positive effects are still evident. The study finds that earlier entry to child care benefits children.
- The third, and most statistically significant, study is from Britain (Osborn and Milbank, 1987, in Cleveland and Krashinsky, 1998, p. 24). This study used all children born during one week in April 1970 as the sample of the population. The sample was of 8500 children once they had calculated sample restrictions. The children were assessed using cognitive and educational tests at age 5 and age 10. They statistically controlled for many factors. They concluded that while socio-economic factors were the most important determinant, attendance at early childhood education (ECE) programs positively affected educational performance. Other reviews of the literature (Hayes, Palmer and Zaslow, 1990; Doherty, 1996; Lamb, 1998) on the impact of early childhood education experiences on children's development have shown that good quality non-parental care is not detrimental.

In looking at the developmental benefits of compensatory preschool programs for disadvantaged children, Cleveland and Krashinsky review "...two excellent sources of information in the economics literature that investigate the economic effects of compensatory preschool education" (p. 26). There seems to be no doubt that targeted programs for at-risk children are a good investment. This was supported again with the release of a study in British Columbia which confirmed that targeted programs are cost-effective (*Calgary Herald*, October 15, 1998). Other reports that support this conclusion include the National Crime Prevention Council's *Preventing Crime by Investing in Children* (1996) and the National Health Forum's *What Determines Health* (1996).

In looking at the developmental benefits of higher quality child care, the authors state: "There has been increasing recognition that child care arrangements of different types are not of uniform quality" (Cleveland and Krashinsky, 1998, p. 29). The quality of care in the United States is not good. The Cost, Quality and Outcomes Study (Helburne, 1995) "rated most care as poor to mediocre, with only one center in seven providing a quality of care that promotes healthy development" (p. 29). While there have been no large-scale studies in Canada, the smaller studies have not found that we provide uniformly good quality care. Quality of care for children in ECE programs varies. There are many sources that look at indicators of quality in early childhood settings. These include Hayes, Palmer and Zaslow (1990), Doherty (1992),

Friendly (1994) and Lamb (1998). SPR Associates (1986), in a study for the Special Parliamentary Committee on Child Care, found that one in six programs was judged to be of very poor quality.

In discussing quality of care, it is important to look at parents' ability to choose better quality care. Many factors come into play in parent choice of child care. First, parents need child care that they can afford. Cost may be a barrier to choosing good quality child care. Many indicators of quality are not easily observable. From an economic point of view, two related problems result from the difficulty in judging quality. First is "adverse selection." This occurs when trained caregivers want to charge a reasonable wage for their labour. Parents who may not recognize the benefits of trained staff may choose another less expensive caregiver, driving the trained caregiver out of the market. Second is "hidden action." This occurs when programs masquerade as high quality care. It is easy to see a clean, cheerful room and assume that that is representative of the quality of care. Finally, it is important to realize that when parents choose child care they are balancing many priorities. Parents need care that is physically convenient, is available the hours they require, is affordable and suits the needs and feelings of the child. The cost of high quality child care is borne by the parents, but many of the benefits are to society.

In Chapter 3, the discussion is on the effect of child care on mothers. There has been a change in the composition of the labour force. Many women are working. Many more women with preschool-age children are now working. The impact of childbearing on mothers' careers has been well researched. It is well established by both U.S. and Canadian studies that "...child care costs exert a significant negative effect on the labour supply of women with children and on their decision to purchase child care" (Cleveland and Krashinsky, 1998, p. 42). The study has a detailed literature review on the relation between child care and maternal employment.

The impact on employment of a national program of child care is discussed with caution. It is important to note that while more jobs will be created, many unlicensed caregivers will no longer be working. These unlicensed caregivers often do not pay taxes so there will be an increase in tax revenue to help cover the costs of such a program.

In adding up the benefits and costs of good child care, Cleveland and Krashinsky (1998) note that the research is not advanced enough to allow this analysis to be definitive. However, one of the key messages is that the research supports the notion that the benefits of public investment in a national child care program will far exceed the costs. In looking at international comparisons, it needs to be noted that while this proposal would require that about 1 percent of Canada's GDP to be spent investing in our future, this should not be considered too expensive. Denmark invests about 1.2 percent GDP on child care services for children to age 6; France invests about 1 percent GDP on child care services for children to

age 6; and Sweden invests 2 percent GDP on child care services for preschool and school-age children.

To implement a national program of good child care, there are three key elements:

- a comprehensive, good quality child care policy for all preschool children between the ages of 2 and 5;
- a comprehensive social policy toward parental leave; and
- a good quality child care program for school-age children.

It is important to note that the first step is a comprehensive program for all preschool children. The other two are logical extensions of meeting the needs of children and families to build a stronger society.

Currently, the federal government, in conjunction with the provinces, is discussing a National Children's Agenda. This discussion revolves around ways to support children and families. The CCAAC argues that a comprehensive, national program of ECE services is important to address such issues as:

- helping "at-risk" children and families;
- moving parents into the workforce;
- improving life for low-income families; and
- and providing early childhood education experiences.

We recognize that provinces and territories have different ways of addressing their individual needs, but feel that it is important to provide quality experiences across the country.

References

Cleveland, G. & Krashinsky, M. (1998) *The Benefits and Costs of Good Child Care: The Economic Rationale for Public Investment in Young Children*. Toronto: Childcare Resource and Research Unit, Center for Urban and Community Studies, University of Toronto.

Doherty, G. (1996) *The Great Child Care Debate: The Long-term Effects of Non-Parental Child Care*. Toronto: University of Toronto, Childcare Resource and Research Unit, Center for Urban and Community Studies.

Friendly, M. (1994) *Child Care Policy in Canada: Putting the Pieces Together*. Don Mills, Ontario: Addison-Wesley.

Hayes, C., Palmer, J., & Zaslow, M. (eds.). (1990) *Who Cares for America's Children? Child Care Policy in the 1990s*. Panel on Child Care Policy, National Research Council, National Academy of Sciences. Washington, D.C.: National Academy Press.

Helburne, S.W. (ed.). (1995) *Cost, Quality and Outcomes in Child Care Centres: Technical Report*. Denver: University of Colorado, Center for Research in Economic and Social Policy.

Lamb, M.E. (1998) Non-parental childcare: context, quality, correlates and consequences. In I.E. Siegel & K.A. Renniger (eds.), *Child Psychology in Practice*; W. Damon (series ed.), *Handbook of Child Psychology* (5th ed.). New York: Wiley.

National Crime Prevention Council (1996) *Preventing Crime by Investing in Families: An Integrated Approach to Promote Positive Outcomes in Children*. Ottawa.

National Forum on Health (1996) *What Determines Health*. Ottawa: Minister of Public Works and Government Services Canada.

Pulkingham, J. & Ternowetsky, G. (1996) *Remaking Canadian Social Policy: Social Security in the Late 1990s*. Halifax: Fernwood Publishing.

SPR Associates (1986) *An Exploratory Review of Selected Issues in For-profit Versus Not-for-Profit Child Care*. A Report Prepared for the Special Committee on Child Care. Ottawa: House of Commons.

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A-5

Community Development Through Community-Based, Bicultural Partnerships in ECCE-CYC Using a Generative Curriculum Model

[Presented as "Community-based Generative Curriculum Model of ECCE Training with First Nations"]

by Jessica Ball, Martina Pierre and Alan Pence

Workshop Summary

This workshop highlighted findings to date of an ecologically comprehensive research study of the process and impacts of an innovative approach to training culturally grounded early childhood care and education/child and youth care (ECCE/CYC) practitioners using a generative curriculum model (GCM). Key features of this approach, including community initiative and collaboration with a University of Victoria–based team, were illustrated with reference to a current partnership program involving First Nations communities of the Mount Currie Band. Discussion also provided an overview of the effects of this innovative training approach in six other First Nations communities in Western Canada.

Outline

Research is currently in progress to document the process and outcomes of an innovative, community-based ECCE/CYC training program that involves respected community members in a GCM whereby community-specific knowledge is articulated and considered alongside

mainstream research and theory. This exploratory training model originated when a First Nations Tribal Council in Saskatchewan initiated a partnership with a project team at the University of Victoria. Their aim was to elaborate a training program that would build community capacity for delivering on-reserve child and family services in ways that resonated with the cultural values, traditional knowledge, contemporary practices and objectives of their constituent First Nations communities.

This training model depends on the initiative of First Nations in partnering with the university-based team, fund raising, recruiting students and instructors, the involvement of Elders, and delivering the program entirely in the community by community members. In this bicultural, "all ways" respectful GCM, students are introduced to mainstream Euro-Canadian theory, research and practice, and are asked to consider these ideas as potentially useful perspectives. At the same time, the courses are structured using an "open architecture," with room for the voices of students, Elders and others in the community to enter into the active, constructivist teaching and learning process. Thus, the trainees are invited to consider knowledge of the social and cultural contexts in which children live, offered by those individuals whom First Nations communities feel best understand these contexts.

Beginning in 1998, research was undertaken to explore and document the delivery process as well as the immediate and long-term effects of this model in the seven communities where this ECCE/CYC program has been delivered through partnerships, including Mount Currie, British Columbia. The program at Mount Currie provides a good "case study" of this partnership approach at work. Mount Currie Band is strongly committed to community development "from the inside out." Through a recently articulated employment and training process, Mount Currie community representatives have begun to implement a human resources strategy which includes all current and projected community development programs, including initiatives to enhance the quality of life and services to children and families. A key development initiative includes the construction and operational launching of a multiplex that will house a 32-seat daycare centre. A community awareness and consultation process led to a community decision to seek training for community members to become qualified to direct and assist in the planned daycare centre. This was the springboard for initiating a partnership with the First Nations Partnership Programs team at the University of Victoria.

The choice by Mount Currie representatives to use the ECCE/CYC GCM for training daycare staff was determined primarily because the model is:

- community-based;
- incorporates university credentialling that students can use to ladder into child and youth care and other 4-year degree programs; and
- includes Elders and other community resource people in the construction of curriculum.

Most importantly, the curriculum provides students with a thorough grounding in mainstream theory, research and practice, while also providing them with opportunities to explore more about their own culture and culturally desirable child care perspectives and practices. All instructors in this particular iteration of the ECCE/CYC GCM program at Mount Currie are Band members who hold graduate and post-graduate degrees in education. All course work occurs in the community, where students meet in regularly scheduled classes to complete the 15 university courses that lead, in part, to a university diploma. In addition, students travel to nearby communities to complete five practicum courses. A steering committee composed of community members oversees and ensures a "positive program delivery" and keeps the community-at-large informed about how the program is progressing and how they can be involved.

Role of Elders

In each delivery of the ECCE/CYC GCM program, an important role is played by the Elder coordinator in the First Nations community. At Mount Currie, for example, Martina Pierre arranges weekly sessions when several Elders and other community resource people present to the class and interact with students about current topics and issues coming up in their ECCE/CYC courses. Guidelines for culturally desirable child care practices emerge through dialogue in class about the cultural reconstructions and experiences elaborated by the Elders; contemporary social conditions and goals for children in the community; and ideas and research found in mainstream texts and practicum observations. The First Nations instructors at Mount Currie believe that true understandings of traditional values start with a personal vision of who we are and what we could become. The students, instructors and, ultimately, the children are enriched with the history and traditions of their people as well as with an appreciation for contemporary research about child development in other cultures.

Reasons for Success

Evidence accumulating from ongoing research evaluation shows that the training program yields unprecedented high rates of First Nations student completion. For example, at Mount Currie, among 15 students who registered to take the 2-year program, 15 are now in the final semester. The program is also effective in helping communities to achieve internally identified community goals. Positive program outcomes appear to be attributable to several factors, including:

- the geographic and social accessibility of the program in students' communities;
- the students' undisrupted family life and continued availability of natural support networks;
- high levels of community initiative, involvement and encouragement in all aspects of the program;

- the possibility for achieving "goodness of fit" between what students learn and what they observe and experience in practice settings and family life in their own community; and
- the satisfaction and self-esteem that students attribute to being part of rediscovering and revitalizing their cultural heritage and identity and being able to "give back" to their culture and their community. Community forums and individual interview data indicate that the processes involved in a training model that incorporates community-specific cultural knowledge can build capacity and have other far-reaching effects on the culture and social organization of the community as a whole.

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A - 6

Participatory Evaluation of the Healthy Childhood Development Project

by Andrew Taylor and Catherine Moher

Project Description

The Healthy Childhood Development Project is a 3-year initiative funded by the Counselling Foundation of Canada. It is based in downtown Toronto, in a neighbourhood where there are very few resources for families with young children. It uses a combination of family drop-in centres and other community development techniques.

The partners that developed the proposal and currently participate in the steering committee are Ryerson Polytechnic University's School of Early Childhood Education, the Gerrard Resource Centre (an established Family Resource Centre in the area that is affiliated with Ryerson), and the Ontario Association of Family Resource Programs. It is important to point out that these partners—and not members of the community the project is serving—were the initiators of the project.

Main Components

The project offers parent caregiver education and support via drop-in programs and other events. The project also offers short-term, occasional child care through the drop-in locations, and material support and nutrition through the Good Food Box program and a variety of educational events related to nutrition. Youth programs offered through the project include sports events, study clubs, dances, movie and game nights, and life skills training.

The project does a great deal of community development work through collaboration with other groups in the community. The project has also worked to involve community members

fully in project management. Community economic development (CED) work includes linking community members with job opportunities and hiring community members as project staff. More strategic CED efforts have involved advocating for local employment opportunities and undertaking a community scan of CED efforts.

Objectives

The Healthy Childhood Development project describes its functions through three linked objectives. The foremost of these is a focus on children. The project hopes to improve young children's nutrition, safety, social networks, and relationships with caregivers. A focus on healthy child development leads inevitably to a focus on the community, and the development of a social world within which children have the opportunity to flourish. A focus on the community leads in turn to support for caregivers, including parents. Improvement in caregivers' social networks, community participation, knowledge, access to services and ultimately empowerment is seen as the most effective way to create a community that supports healthy childhood development.

Our Approach to Evaluation

Our approach to this evaluation has been participatory and action oriented. It is *participatory* in that stakeholders have control over issues we study and the evaluation questions that are asked, through the project steering committee and an evaluation committee. We strive to openly explore differences in stakeholder perspectives, placing special emphasis on the perspectives of less powerful stakeholders. Community members are directly involved in data gathering and analysis, and every effort is made to use the evaluation process as an opportunity to build capacity with the community (Ellis, 1998; Taylor and Botschner, 1998).

Our approach is *action-oriented*. We try to provide feedback to project staff and community members in a timely and ongoing way. In turn, our evaluation design has evolved as the project has progressed, focusing more directly on emerging issues of concern to community members. As Daley (1989) suggested, we have tried to develop a design that is not structured to demonstrate a predetermined set of specific outcomes, but instead strives to understand how each group of constituents within a program experiences and interprets outcomes.

Our research strategy has been to build trust and relationships with community members gradually. Intrusive data collection methods like demographic surveys or intake forms have not yet been used. We have tried to position the evaluation as one part of an overall culture of critical reflection and open discussion within the project. We have shared findings in the form of an evolving historical narrative, in an effort to capture the community development process and provoke discussion within the community. We have tried to capitalize on informal opportunities to gather stories, and work toward more structured evaluation methods over time.

Evolution of the Project

Sowing the Seeds Phase (June – August 1997)

The original proposal described a community development approach to helping people who live in the area create services for young families. In June, two community meetings were organized, some successful events were held, and the project began to learn more about the community. Ideas were explored, and goals were clarified. By the end of this phase, staff and advisory committee members had a better understanding of the community and many suggestions for programming.

Evaluation Methods: During the evaluation phase, community members discussed how they hoped their community would change, and what ought to be tracked to demonstrate these changes. Staff began to record their experiences and insights in journals.

Lessons Learned: During community meetings, staff and steering committee members learned that community members felt the project should address the needs of school-aged children and youth. However, it also became clear that community meetings were not attracting many families with young children, and that other outreach strategies were needed.

Challenges in Child and Youth Programming (August, September 1997)

Over the summer, the project responded to community requests for child and youth programming. In mid-August, some community members complained about these (intramural sports) programs. The project found itself portrayed within some parts of the community as a group unwilling to fully fund activities for youth, and unable to show any evidence that they had helped young families in a concrete way.

This led to something of a crisis among staff. The staff members who lived in the complex were placed in especially difficult positions. However, the project manager replied in writing to the letter from community members which helped to reduce misinformation and clarify the project's parameters.

Evaluation Methods: A community meeting was called to discuss programming options for youth in the community. After much discussion, the residents began to understand that they represented only one building in the community and in order to determine the larger community needs in regard to youth, a community-wide survey needed to be developed. From the survey, the project learned how to best meet the needs of youth in the complex and community members were able to reach consensus about how to staff youth programs in the future.

Lessons Learned: There is rarely consensus among community members. For this reason, ongoing outreach to as wide a variety of community members as possible is essential. At the time, there was not yet strong community representation on the program's steering committee.

This involvement might have allowed an opportunity for more discussion of these kinds of issues. Staff emerged from the crisis with a renewed commitment to their original purposes and a clearer sense of their roles.

Early Programming Phase: Putting Down Roots (September – December 1997)

A drop-in centre for families with young children was established, and it gave the project a base within the community from which to strengthen relationships with community members. It was very quickly a success, and was soon welcoming as many as 35 people a day. During this period, the program also began to develop strong working relationships with other groups in the area, including the local residents' association, the co-op boards in some of the buildings that make up the complex, and members of the local Somali community.

Evaluation Methods: Program staff also began to develop a Community Capacities Inventory. A series of more structured interviews was conducted with three staff members, several steering committee members and four community residents. They were asked what they saw as the turning points in the program's history, and what they had learned from these key events. All data gathered were analyzed and used to develop a written history of the project's first year.

Lessons Learned: New approaches, many based at the drop-in, were successful in helping the project establish connections with young families in the complex. During this phase, the philosophy guiding the drop-in became more clear. It hinged on respect for individuals and cultures, the importance of trust, the value of seeing what people have to contribute and the art of drawing out their strengths. Some people felt that the project began to seem more like part of the community during this phase, as more people got involved as participants, volunteers and advisory committee members.

Although community members were very involved in the project, project staff still "initiate" new programs and do much of the work. Some community members had joined the advisory committee, but most were still people from outside the community. Overcoming these challenges continues to be a priority for the program.

Expanded Programming Phase: Spreading Branches (December 1997 – August 1998)

In February, the program opened a second drop-in location in a school portable across the street from the complex. The first drop-in remained in operation, but the program now had a larger space that was accessible to community members who lived outside the complex. The second drop-in eventually moved to a more permanent home inside this complex. New programs for children and youth included study clubs, sports events, movie and game nights, and life skills training.

"Spin-off" initiatives multiplied during this phase. Residents and staff members mobilized to gain access to unused storefront space in the community. Drop-in participants began to connect

with one another socially outside drop-in hours. The co-op boards and residents' councils of the various housing developments became more actively involved.

Later in the year, CED became a more explicit focus of the program. Staff members worked to link residents with jobs, a life skills instructor was hired, and the project began to collaborate with family resource/CED initiatives in other communities.

Evaluation Methods: The history document created in December became a focal point for discussion on the project to date, and opened up opportunities to explore some of the long-standing community issues behind the previous summer's debates about programming for children and youth. Interviews were held with youth members and their families to try to understand these dynamics better. During the summer, three community members were hired and trained to conduct key informant interviews with key program partners. They spoke with local politicians, agency representatives, steering committee members and leaders from within the complex. In-depth interviews with drop-in program participants also began during this phase.

Lessons Learned: Deeper insights about some of the central lessons of the project have emerged since January. The tensions inherent in doing externally initiated and funded community development remain. For example, funders often require that you demonstrate a problem or deficit in the community, which can be difficult for a program focused on building capacity within a community. Participants have also learned about the importance of knowing your community history. Conflicts that appear to be focused on a single issue often relate back to more complex and long-standing tensions. It takes time and effort to decipher the many personal agendas and other issues that are woven through the "will of the community," and staff must be constantly aware of the possibility of different interpretations of what the program does or says.

Conclusions

We need to provide a wide variety of opportunities for input and dialogue if we are to facilitate community involvement in the project and mobilize community members around issues of concern. Drop-in family resource programs can act as catalysts for community development by providing a comfortable place for people to connect, by allowing us to make contact with people who would not attend other kinds of community meetings and by sensitizing the broader community to the issues of an often invisible group in their midst—families with young children.

Lessons Learned About Evaluation

Evaluation and other kinds of data collection have become an integral part of the Healthy Childhood Development project. The collection and use of evaluation information has also

become very decentralized. Interviews, focus groups and surveys have been initiated by a variety of different stakeholders, and for several different purposes. This information is well used. Staff meetings, advisory committee meetings, and events hosted by the project all incorporate ongoing critical reflection on the process. Written feedback on the evaluation process has been read with interest.

The project now has a stable team of three or four local community members and students who are involved in evaluation on an ongoing basis, as well as a larger network of contacts that can be drawn upon when needed. The evaluation has developed into a community intervention capable of promoting the project's overall goals. By training community members as interviewers, involving them in evaluation committee meetings, reaching out to make contact with people not otherwise involved in the project, and most importantly by providing opportunities for open, reflexive communication among diverse community members, evaluation has the potential to contribute directly to community development.

References

Daley, J. (1989) An approach to constituent-based evaluation of community development efforts. *Journal of the Community Development Society* 20(2): 87-100.

Ellis, D. (1998) *Finding Our Way: A Participatory Evaluation Method for Family Resource Programs*. Ottawa: Canadian Association of Family Resource Programs.

Taylor, A. & Botschner, J. (1998) *Evaluation Handbook*. Toronto: Ontario Community Support Association.

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A-7

Work, Study, Family

Undergraduate Student Parents

[Presented as "Undergraduate Students with Dependent Care Responsibilities"]

by Rheta Rosen and Sue Wilson

The profile of the typical undergraduate student has changed significantly in the last two decades. An increased number of students are adults who are returning to school. Many of these non-traditional students have both employment and family responsibilities. U.S. estimates suggest that by 2000, students over 25 will be the majority. As Home (1997) has noted, both families and universities are "greedy" institutions "that demand exclusive loyalty, virtually unlimited time commitments and high flexibility" (p. 335).

Studies of adult, or non-traditional students, find that these students lead extremely stressful, complex lives and face a higher risk of dropping out than younger students (Kasworm, 1990; Grayson, 1996). Family responsibility is a major factor explaining adult student attrition (Bean and Metzer, 1985). Several studies of adult women with family responsibilities confirm the difficulties faced. For example, an Australian study that focused on adult women who dropped out of school found the reasons for leaving included family responsibility, work responsibility, practical difficulties, financial difficulties, hostility or lack of support from family members and dissatisfaction with the course (Scott, Burns and Coone, 1996, p. 240).

Students with family responsibilities must be extraordinarily motivated if they are to succeed. The 47 sole-support mothers in the Hoops and Hurdles Research Project at Memorial University of Newfoundland study (1995) returned to school for both economic and personal reasons. They hoped to earn a higher income, but they also wanted to be good role models for their children. The greatest difficulty they faced was financial. Most depended on government

assistance, but expected debts as high as $40,000 at graduation. Both the need for strong personal motivation and the ongoing commitment required to juggle jobs, school and family are reflected in another Canadian study. *No Going Back* (Campbell, 1993) was based on interviews with 25 women in undergraduate Arts programs at the University College of Cape Breton. All of the women were parents, between the ages of 27 and 47, and half were married. Although many in the study came to university for enhanced job opportunities, there are few jobs for university graduates, in their community, so it is unlikely that they will find job prospects increased unless they leave the region.

These studies of adult undergraduates suggest that older students with multiple commitments are highly motivated, master jugglers, who overcome great odds to complete degrees. Nevertheless, there is little documentation of the key factors in the student management process. Do students with family responsibilities continue at the same pace as other students? Are their retention rates significantly different? Are the students who are unable to juggle lacking social supports, or are their problems more likely to be financial? The Ryerson study of students with dependent care responsibilities provides some answers to these questions. At the same time, it addresses several gaps in the literature on adult students with family responsibilities by carrying out a longitudinal analysis of both men and women students with child and adult family care responsibilities.

The Ryerson Work, Study, Family research project, funded by Human Resources Development Canada, was designed to identify those students with responsibilities for either children or dependent adults, and to follow their educational progress. In fall 1997, a survey was sent to all first registrant, first-year students at Ryerson. More than 2100 questionnaires were returned, equivalent to a response rate of 66 percent. Those students who indicated care responsibilities on the questionnaire were interviewed during the winter term. We also interviewed a control group to ensure against the possibility of misappropriating factors that affect all students (i.e. difficult timetables) to students with dependent care. At the end of the 1997-98 academic year, we were able to record student progress in terms of courses dropped, Grade Point Average (GPA) and academic status.

The survey provided both the university and this project with extensive data on the first-year students. One hundred and fourteen students were identified as having care responsibilities (about 6% of the first-year students). This paper reports on 85 of these students with child care responsibilities.

As expected, student parents are older than students in the control group and there are more women in this group. Student parents are more likely to have had interruptions in their educational histories, to be financially independent of their parents and to identify themselves

as visible minorities. They are more likely to be worried about finances than those without care, and expect that family problems may interfere with their studies and that they will have difficulty handling stress. Interestingly, most students, whether parents or not, began the school year full of confidence about their ability to handle university-level work. However, after two complete academic terms, more students in the care group had low (below 2.0) GPAs, placing them at academic risk. When we compared academic status for both groups, the proportion of parents able to proceed to the next academic year with *clear status* was lower each term than the control (fall, 43% compared to 57%: winter, 40% compared to 50%). In short, half of the parent group had some combination of low or incomplete grades.

Telephone interviews, lasting from 20 minutes to more than an hour, told us more about the ways students managed the complexities of their lives. All but two of the 85 students agreed to participate.

For the most part, men in the parent group were in relationships where they shared care: some equally and most on a "when they could" basis. The men who did share in child care spoke of the heavy demands and stresses related to trying to deal with work, family and their studies. Unlike some of the women, they were reluctant to speak to their professors and/or the directors of their programs about their stressful lives and those who did reported less than supportive responses. The men who were casual helpers relied on their partners for primary child care but felt the heavy responsibility of combining work along with studies. In addition to child care, some men also had adult care (parents, siblings, relatives) adding to their multiple responsibilities.

We expected to hear from the women undergraduates about unmet child care needs, and the expressed desire for more on-site and community daycare facilities. We were surprised to find that most women have their child care arrangements well organized and in place before they embark on university studies. We predict that university is not a consideration for parents without such arrangements. Relatives are the primary source of child care. Some women indicated that they would welcome on-site drop-in daycare for emergency use.

Most parents hold part-time jobs in addition to school and family responsibilities. Pressure to work is strong; a number of students spoke of their aversion to student loans. Some students also do volunteer work, as this is an expectation in some programs. All of the student parents describe long days, many commuting some distance to school and work. They make personal sacrifices to attend university and are demanding of themselves. While students are clear about their primary responsibility to family members, their juggling is not without cost. Students adopt coping strategies such as dropping courses, or cutting back on

work hours when this is financially possible. However, when students drop courses, they become caught in a downward spiral: their student loan is reduced, they become short of money and have to increase their work time, which gives them less time to study and increases their stress level. It is not surprising that a significant proportion do not proceed to second year with clear status.

Generally, students who cope well share the following characteristics. They:

- have financial stability because of a predictable job or student loan;
- have an informal support group;
- have responsibilities that are demanding but manageable, perhaps because their children are older, their partner is supportive, or because they live in a supportive three-generation household; and
- adopt a very pragmatic approach to their combined responsibilities—"I know it has to be done, and I just do it."

In contrast, students who do not cope well, and find themselves in crisis:

- have precarious finances;
- do not have a support network, and may be socially isolated because of family breakdown, immigration or time pressures that leave no room for anything but work;
- are burdened by the combination of school, employment and work (we spoke to students who work very long hours, juggle more than one job, commute up to four hours a day, and exist on very little sleep); and
- feel overwhelmed.

Students with family responsibilities make significant personal sacrifices to attend university full time. Not surprisingly, low-income students, single parents and caregivers of special needs children are most likely to be affected by conflicting demands. To fulfil the demands of both these "greedy" institutions (Home, 1997), student parents cut back on sleep and personal time. There were very few opportunities for leisure or relaxation. Universities generally have lagged in introducing family policies for faculty, staff or students (Norell and Norell, 1996). Even such basic provisions as parental leave have been difficult to ensure in practice. In part, it is a structural issue: "The normal 6-week maternity leave periods do not fit neatly into the academic work schedule of semesters or quarters" (Norell and Norell, 1996, p. 211).

Lack of flexibility in university timetables, course offerings and course formats, coupled with the added responsibility of child care and cutbacks in financial support from student loans or family benefits, create almost insurmountable burdens. Student parents face a system

designed for unencumbered young people with the luxury of time to study and meet for group work. According to our survey, most first-year students work, as well as have full-time studies. When family responsibilities are added to the equation, the pressures increase considerably. Student parents need and deserve support to manage their combined commitments. Both the students and their children will benefit if barriers are reduced.

Recent changes in family benefit and student loan programs add to the financial distress of student parents (particularly single parents) and place the financial burden almost exclusively with the parent. Loan programs are increasingly restrictive. For example, students who reduce their course load to ease the juggling act find their student loan reduced. Governing policies, which do not recognize the need for adequate and affordable daycare for all, create barriers that deter many parents with care responsibilities from completing education.

Understanding the student with care responsibilities is a first step in developing a clearer understanding of the diversity of needs, both at university and in larger society. Adult students who combine work, family and full-time study are engaged in an intricate juggling act. The sacrifices they make to maintain the balance show the strength of their commitment and the value they place on their children's well-being, as well as their own education and future employment. Like many Canadians, they see education as a path toward upward mobility for themselves and their children. Unsupported, these students and their children become a group at risk. It is a challenge for the university of the 21st century and our federal and provincial governments to respond to these students' expressed need for understanding, consideration and support in balancing work, child care and full-time study.

References

Bean, J.P. & Metzner, B.S. (1985) A conceptual model of nontraditional undergraduate students attrition. *Review of Educational Research* 55(4): 485-540.

Campbell, Patricia (1993) *No Going Back: Women as University Students*. Halifax: Fernwood Publishing.

Grayson, Paul, J. (1996) *The Retention of First Year Students in Atkinson College: Institutional Failure or Student Choice?* Toronto: York University, Institute for Social Research.

Home, Alice (1997) Learning the hard way: role strain, stress, role demands, and support in multiple-role women students. *Journal of Social Work Education* 33(2): 335-47.

Hoops and Hurdles Research Project (1995) *Standing Strong: Single Mothers' Overcoming Barriers to Post-Secondary Education*. St. John's: Memorial University of Newfoundland.

Kasworm, Carol, E. (1990) Adult undergraduates in higher education: a review of past research perspectives. *Review of Educational Research* 60(3): 345-72.

Norrell, Elizabeth, J. & Norrell, Thomas H. (1996) Faculty and family policies in higher education. *Journal of Family Issues* 17(2): 204-26.

Scott, C., Burns, A., & Cooney G. (1996) Reasons for discontinuing study: the case of mature age female students with children. *Higher Education* 31: 233-53.

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A-8

Volunteerism and the Changing Welfare State

A Case Study in Child Daycare

[Presented as "Volunteerism and Parental Involvement in Child Care"]

by Susan Prentice and Evelyn Ferguson

Introduction

Child care provides an ideal case study in which to examine the contradictions of volunteerism and the changing welfare state. Across Canada, decentralized provincial control means that parents confront widely varying services with unequal accessibility, variations in quality and lack of uniform standards. There are also wide disparities in working conditions, salaries and educational qualifications for child care workers and teachers. In some provinces, daycare legislation mandates parent involvement on boards of directors in licensed group centres. In others, provincial policy is silent on this issue.

We are studying parents' perceptions of their volunteerism within licensed preschool group child care centres in two provinces with different and currently changing policy orientations. We are interviewing about 40 parents in Manitoba, a province which requires that parents hold a minimum of 20 percent of the seats on a board of directors. We are also interviewing about 40 parents in Ontario, a province which is silent on required parental board involvement. Although these are small numbers, our interviews will allow us to learn quite a lot about what parents themselves think. We are also conducting

intensive qualitative interviews with mothers and fathers to learn what volunteer involvement in child care implies for them, their daycare centres and for public policy. We will also observe parent volunteerism through ethnographic field study in four daycare centres.

We expect that this qualitative study will shed light on how women and men experience "caring" and demands for "caring" within an institution that straddles the public-private divide of home and formal organizations. This information will allow us to examine when and why volunteerism is experienced as empowering or oppressive, as well as shed light on the relationship between public policy and personal experience.

Results Expected

By the end of our project, we expect to be able to answer the following questions:

- *What is the meaning of parent volunteerism to mothers and fathers? How do visible minority and Aboriginal parents as well as dominant-culture parents; low-, mid- and high-income parents; two-parent, single and other families, explain their involvement?*

By interviewing mothers and fathers, we aim to distinguish differences and similarities between male and female parents. Through sampling for diversity, we will also ensure representation from visible minority, Aboriginal and low-income parents as well as more socially privileged parents (Ng, 1986).

- *Why do parents volunteer or not volunteer in their child care centre? Do different parents (by class, race, gender or other factors) volunteer at differential rates? If so, why?*

We will try to identify which factors motivate parents to volunteer unpaid hours of care, as well as to explore why parents do not volunteer. We seek to understand how and why parents participate, and we want to explain findings we made in an earlier study that low-income and unpartnered mothers participated more than higher-income, two-parent mothers.

- *What impact, if any, does parent volunteerism have on the management of a child care centre or the quality of its service to children and families?*

Research indicates that parent involvement is positively related to parent satisfaction and higher quality of care (Doherty, 1991, 1992; Mayfield, 1990). Yet, this literature has

rarely attempted to consider how or why parent involvement has these apparent effects. Through intensive interviews with parents and field observations of management meetings and daily care, we expect to more precisely identify the impact of parent volunteerism at the level of the centre, and thus to propose recommendations for provincial policy.

- *Does volunteerism in child care differ from volunteerism in other social services? If so, how and why?*

Child care services straddle the public-private divide, as they substitute for "mother-care" of preschool children. In our earlier study of mothers, we found that women's volunteerism was motivated by the "motherhood mandate." Consequently, we seek to discover if male and female parents have a different perception and experience of volunteering in this service compared to other social services.

- *What difference, if any, do provincial policies make on volunteerism?*

In Manitoba, provincial regulations stipulate that parents must hold a minimum of 20 percent of the seats on the board of directors of all non-profit daycare centres, and also limits staff to a maximum of 20 percent of the directorships. Ontario has no statutory requirement for parent involvement. We will investigate if or how these provincial policies influence parent choices.

- *What stance should public policy take toward volunteerism in the social services?*

We believe our case study in child daycare will allow us to make some observations about the issue of volunteerism in the social services. At the level of political analysis, we seek to consider the conditions under which volunteer unpaid labour is experienced as empowering, a manifestation of participatory democracy and caring, or an act of full citizenship. We also seek to understand the conditions under which volunteer unpaid labour is experienced as oppressive, obligatory or a form of exploitation. We will attempt to reconcile these apparently contradictory experiences at the level of theoretical analysis, social policy and individual centre management.

References

Doherty, G. (1991) *Factors Relating to Quality in Child Care: A Review of the Literature*. Toronto: Ontario Ministry of Community and Social Services.

Doherty, G. (1992) *Quality Matters in Child Care*. Huntsville, Ontario: Jesmond Publishing.

Mayfield, M. (1990) Parent involvement in early childhood programmes. In I.M. Doxey (ed.), *Child Care and Education: Canadian Dimensions* (240-54). Scarborough: Nelson.

Ng, R. (1986) *The Politics of Community Service: Immigrant Women, Class and State*. Toronto: Garamond.

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B-1

Children's Environmental Health

Why Kids Need Special Protection

by Dawn Walker

Background

In 1995, the Canadian Institute of Child Health (CICH) launched a national initiative on environmental contaminants and the implications for child health. To date, the initiative has undertaken a national survey on environmental health awareness, a first-of-its-kind national symposium, and an extensive literature review on health outcomes related to exposure to key contaminants in the environment. Each component has confirmed that much more needs to be done to protect children from environmental contaminants. As a population, children have a unique vulnerability to environmental contaminants due to immaturity of body organs, differences in the way the body absorbs and excretes toxicants, and behaviours that can increase a child's contact with contaminants.

Children Need Special Protection

Behavioural Characteristics

As a consequence of a child's immaturity, small stature and activities, behaviours specific to children place them at higher risk to certain environmental hazards than adults. Childhood, especially infancy, is characterized by dependency on adults and older children, and inability to control one's environment. Development of safe environments for young children devolves not only on parents, but also on educators, communities and policy makers.

Because of their short stature and early crawling activity, young children, who in Canada spend approximately 90 percent of their time indoors, "live" much closer to the floor than adults.

Physiological Characteristics

Due to their anatomical and/or physiological immaturity, children differ from adults in many physiological characteristics: the distribution of body water changes with age (Widdowson and Dickerson, 1964); the total body water and extracellular water are higher in the infant; daily water intake per kg of body weight of the infant and young child is almost three times that of the adult (Plunkett, Turnbull and Rodricks, 1992); plasma protein binding capacity is reduced in the newborn and young infant compared to older age groups; likewise, the blood-brain barrier begins to develop in the fetus but is significantly less efficient in the young infant, becoming fully effective by about 6 months (Adolfini, 1984). Children, therefore, on average receive greater exposures per unit of body weight because they eat more food, drink more water and breathe more per unit of body weight than adults.

Children's ability to metabolize, detoxify and excrete many toxicants is also different from that of adults. The inability to detoxify chemicals may result in increased toxicity or in chemical accumulation in target organs and tissues. Because their organs and systems are developing, exposures at critical periods of development can result in permanent and irreversible consequences, such as impairment of neurologic and behavioural development, immune dysfunction and/or reproductive effects.

Developmental Characteristics

As a consequence of the rapid growth and critical development, there are numerous possible effects of environmental hazards on the fetus and child. Environmental toxicants have destroyed the concept held for many years that the fetus is fully protected from the environment in the uterus.

A child's body is continually growing; thus, the developing body systems, particularly tissues and organs, are more sensitive to environmental toxicants. Tissues that are under development are more susceptible to interference because they rely on chemical messengers for growth. Organ development begins during the fetal period and continues into adolescence. The growth of the organs is not linear, it occurs in spurts. If any toxic exposure occurs during these critical growth stages, the system can sustain permanent damage.

The sensitivity of the fetus or the embryo to environmental toxicants largely depends on the stage of development at which exposure occurs. The fetus can be exposed to certain contaminants because the placenta does not block their passage from the maternal circulation to the fetal circulation.

Air Quality

Because children in Canada spend most time indoors, indoor pollutants rather than outdoor pollutants are now being focused on as a cause of asthma. Allergens include biologic contaminants and chemical contaminants. Outdoors, ozone and fine particulates are suspected.

Environmental tobacco smoke exposure has been carefully studied and measures to eliminate this hazard have resulted. Spraying of insecticide in older buildings to treat for infestations places young children at increased risk because of the markedly higher concentrations near the floor, and because of persistence of the spray in carpets (Fenske, 1992).

A vast range of contaminants— including heavy metals, pesticides, benzene and other mutagens— enter private and public buildings through the air, on clothes and on footwear (Miller and Day, 1997), particularly those buildings located in polluted areas. Carpets promote the accumulation of many of these materials, especially if cleaned with poor vacuum cleaners. While dust mites and animal dander have attracted particular attention as environmental allergens, other biological domestic contaminants, such as toxigenic fungi commonly found in damp areas in buildings with poor air quality, are of increasing concern (Miller and Day, 1997).

Asthma is reported to have increased in recent years: hospitalization of young children in Canada for asthma increased by 28 percent among boys and 18 percent among girls between the years 1980-81 and 1989-90 (Hanvey, Avard, Graham et al., 1994). While there is debate about whether this increase might be due to over-diagnosis, there is evidence that visits to physicians, hospitalizations at other ages and deaths due to asthma have also increased, especially in urban populations (Boushey and Fahy, 1995). It has been suggested that any increase might be due to increased exposure to allergens and to toxicants resulting from the circumstances of modern living. Without appropriate precautions, well-intentioned efforts at energy conservation can lead to poor indoor air quality, especially in older homes (Boushey and Fahy, 1995).

An increased prevalence of asthma may be associated with exposure to ground level ozone and particulate matter (Bates, 1995). Asthmatic children appear to be more sensitive to air pollutants such as sulphur dioxide, particulates and ozone. They also have a higher hospitalization rate than non-asthmatic children.

The Dangers of Lead

Children are particularly vulnerable to the effects of lead exposure. Lead can damage a child's developing brain, kidneys and reproductive system; even low levels are associated

with reduced attention spans, learning disabilities, hyperactivity, behavioural problems, impaired growth and hearing loss. Reductions to date are significant; however, given that no clearly defined "safe threshold" has been established, efforts in this area must persist.

Blood lead levels as low as 10 ug/dL are associated with adverse effects, and no evidence has emerged that suggests a threshold for lead below which adverse effects cease to occur (Centers for Disease Control, 1991; Needleman and Bellinger, 1991). Lead exposures have been associated with aggressive behaviour, delinquency and attention deficit disorders in adolescent boys (Needleman, 1996). Lead can cross the placenta and infants born with high blood lead levels (>10 ug/dl) had significant deficits in IQ as late as 24 months of age (Bellinger, Leviton, Waternaux et al., 1987).

Globalization of trade means that consumer goods, some of which may contain lead, such as crayons, toys, mini blind coverings for windows, and dishes, can be imported into Canada or purchased by Canadians abroad.

Many communities in Canada still have leaded pipes. They are usually found in older homes and buildings. To lessen the risk of lead exposure through this source, let the water run through taps for 10 minutes every morning to flush out.

Plastics

Polyvinyl chloride (PVC, also known as vinyl) is a type of plastic commonly used in soft plastic toys like bath toys, squeaky toys, teething rings and many other consumer products. Potentially toxic chemicals are added to PVC to change its natural characteristics. Phthalates are chemical plasticizers that are added to make the PVC soft and flexible, for use in infant toys that will be chewed and sucked.

Phthalates are not bound to the plastic and can migrate out of infant toys that are chewed and sucked, to be ingested by the child. Scientific studies have confirmed that exposure to phthalates could lead to liver, kidney and nervous system damage. These chemicals are hormonally active and may interfere with hormone systems that regulate normal growth and development in children.

Heavy metals like lead and cadmium are added to make the PVC more durable for use in older children's toys and other consumer products. When exposed to heat, sunlight and the general aging process, the lead is released as a fine dust that builds up on the product's surface. Children can easily ingest this dust. This dust is so fine that it cannot be vacuumed, and requires a damp cloth to remove it.

Pesticides

Pesticides are products registered by the federal government to control pests such as insects (insecticides), weeds (herbicides) and rodents (rodenticides). Some pesticides are selective and attack only the systems of the organism for which they are intended. However, other pesticides can be harmful to humans.

Children may have contact with these chemicals when they are used around the home, daycare and school, for insect and rodent control, for weed control on lawns and gardens, and for disinfecting swimming pools. Children can accidentally ingest pesticides when they are improperly stored or discarded. Children can also be exposed to agricultural pesticide residues in their diet and drinking water, and to pesticides applied in recreational areas such as parks.

Some of the health effects associated with pesticides include allergies, rashes, cancer, hormonal and reproductive problems. For example, some organochlorine chemicals may have antiandrogenic or estrogenic actions and can disturb normal development in the young (US EPA, 1997). In addition, sulfonamide-based herbicides can cause abnormalities of the thyroid function, which plays an important role in growth and development (US EPA, 1997).

Use of Cleaners and Other Chemicals

We all know that cleaning products can be harmful if swallowed. However, children can also be affected by breathing and touching these products, even if the containers are empty.

All-purpose and extra-strength cleaners (whiteners, disinfectants and scouring powders) can contain chemicals such as butyl cellosolve, sodium hypochlorite bleach, DEA (diethanolamine) and TEA (triethanolamine). Butyl cellosolve may irritate the skin and eyes, and may damage the kidneys, liver and body's ability to make blood. It has also been shown to be damaging to the nervous system. Sodium hypochlorite is corrosive and irritates the eyes, skin and lungs. DEA and TEA may react with other chemicals to form potent carcinogens and, on their own, can irritate the skin and eyes.

Liquid dish soap can sometimes contain DEA, ammonia, fragrances and dyes. Ammonia vapours may irritate the eyes and lungs, and contact with undiluted ammonia may damage eyes and burn skin.

Petroleum distillates and solvents found in many floor cleaners and polishes can irritate the skin, eyes, throat, nose and lungs, and may damage the nervous system.

Arts and Crafts Supplies

Many arts and crafts supplies contain ingredients that may be harmful, such as paint containing lead, paint and glue containing solvents, clay containing talc, permanent markers containing toluene or other toxic substances, and toys.

Some of the health effects associated with arts and crafts are as follows:

- Paint may contain lead or other toxic heavy metals that can be fatal if large amounts are swallowed.
- Solvents found in some paints and glues may irritate the skin, eyes and lungs.
- Clay containing talc may contain asbestos which is a carcinogen.
- Dust from unmixed clay may irritate lungs.
- Talc may cause breathing problems if inhaled.
- Permanent markers may contain toluene or other toxic solvents which can irritate eyes, skin, and may cause damage to the brain and heart.
- Most toys are not labelled with ingredients that may be harmful.
- Dust and mould in stuffed toys can trigger asthma or allergic reactions.
- Toys with painted surfaces may contain heavy metal pigments such as lead.

Poverty as a Confounding Factor

Pollution and environmental degradation know no borders or boundaries. Contaminants are transported through multiple media, including air, water, soil and food, throughout the world. However, children living in poverty and children living in racial or ethnic communities are at disproportionate risk for exposure to environmental hazards.

Not only do children who live in poverty usually live in the most polluted parts of the community, they have parents who may work in the dirtiest and most dangerous jobs. Children living in poverty are more likely to live in improperly designed or maintained buildings where high levels of contaminants and toxic residuals may be high, and indoor air quality poor. In addition, risk factors such as exposure to cigarette smoke and poor nutritional status, combined with the conditions noted above, make them more vulnerable to the effects of environmental contaminants.

References

Adolfini, M. (1985) The development of the blood-cerebrospinal fluid-brain barrier. *Developmental Medicine and Child Neurology* 27: 532-37.

Bates, D.V. (1995) Observations on asthma. *Environmental Health Perspectives* 103 (Suppl 6): 243-7.

Bellinger, D.C., Leviton, A., Waternaux, C. et al. (1987) Longitudinal analysis of prenatal and postnatal lead exposure and early cognitive development. *New England Journal of Medicine* 316: 1037-43.

Boushey, H.A. & Fahy, J.V. (1995) Basic mechanisms in asthma. *Environmental Health Perspectives* 103 (Suppl 6): 229-33.

Centers for Disease Control (1991) *Strategic Plan for the Elimination of Childhood Lead Poisoning*. Atlanta: US Public Health Service.

Fenske, R.A. (1992) Differences in exposure potential for adults and children following residential insecticide applications. In P.S. Guzelian, C.J. Henry, & S.S. Olin (eds.), *Similarities and Differences Between Children and Adults: Implications for Risk Assessment*. Washington, DC: ISLI Press.

Hanvey, L., Avard, D., Graham, I. et al. (1994) Hospitalization for asthma age 1 to 4 years. In *The Health of Canada's Children*, 2nd ed. Ottawa: Canadian Institute of Child Health.

Miller, D.J. & Day, J.H. (1997) Indoor mould exposure: epidemiology, consequences and immunology. *Canadian Allergy and Clinical Immunology* 2: 25-32.

Needleman, H.L. (1996) Bone lead levels and delinquent behaviour. *Journal of the American Medical Association* 275: 5.

Needleman, H.L. & Bellinger, D. (1991) The health effects of low level exposure to lead. *Annual Review of Public Health* 12: 111-40.

Plunkett, L.M., Turnbull, D., & Rodricks, J.V. (1992) Differences between adults and children affecting exposure assessment. In P. Guzelian, C. Henry & S.S. Olin (eds.), *Similarities and Differences Between Children and Adults: Implications for Risk Assessment*. Washington, D.C.: ILSI Press.

US Environmental Protection Agency (1997) *Special Report on Environmental Endocrine Disruption: An Effects Assessment and Analysis*. Washington, D.C.: EPA/630/R-96/012.

Widdowson E.M. & Dickerson, J.W.T. (1964) Chemical composition of the body. In C.L. Comer & F. Bronner (eds.), *Mineral Metabolism*. New York: Academic Press.

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B - 2

Inuit Creating a Foundation for Child Care Services

Beginning with Information Gathered from Our Past

Background

by Eeta Kanayuk

Pauktuutit is the Inuit Women's Organization of Canada. Pauktuutit has, since its inception in 1985, worked to support the development of child care services in Inuit communities across the North. In 1995, Pauktuutit coordinated Inuit involvement, through the National Inuit Working Group, in the development of the framework document for the First Nations Inuit Child Care Initiative (FNICCI). At that time, Inuit were allowed three representatives at the table. The Northwest Territories was considered a region, as were Quebec and Labrador.

Planning for the FNICCI took about a year—in the end, we had 2 weeks to spend more than $400,000. Our task was to create daycare services in communities where none existed. There were a few existing daycare centres, but they were not considered to be Inuit child care services and our program principles highlighted Inuit-designed, -developed and -directed services. Something was missing—our response was the "National Conference on Traditional Childrearing Practices."

Planning for the Conference: The Inuit Working Group

by Patricia Kemuksigak and Sibella Tuglavina

The National Inuit Working Group has been in existence since March 1994. It began as a "Funding Framework" Working Group. Originally, the Inuit Working Group was set up to

prepare the guidelines and funding arrangements with Human Resources Development Canada for FNICCI. All members of the Inuit Working Group found common issues to be relevant to all Inuit (i.e. geography, high cost of living, shortage of child care services for children, culture, language, and traditional childrearing practices.)

In January 1996, it was decided to hold a national Inuit child care conference. In preparation for the event, we held conference calls where we discussed what we would like to accomplish. Through the discussions, the priority area identified to gather information was "traditional Inuit childrearing practices."

There were many logistical items to work out for representatives from 53 communities across Arctic Canada—from Inuvialuit in the west to Labrador in the east—to attend the meeting. The Working Group decided that the best place to meet would be in Kuujjuaq, Nunavik, as this was the most central to all Inuit communities and there was both a daycare centre and a Head Start in the community.

The Working Group had one face-to-face meeting in May 1997 to gather input for the conference. The meeting notes from that session became the map for the conference. Two delegates were selected from each Inuit community to attend, one an Elder, the other a youth or a community member with experience making traditional Inuit toys and clothing.

The main purpose of the conference was to gather information about traditional Inuit childrearing practices, record the information, share the information in various ways and incorporate the knowledge gained into the day-to-day operation of our Inuit daycares. Through knowledge about traditional childrearing practices, our daycares will become Inuit-specific—and will stop being based on southern ways and standards.

The Elders wanted to pass on their knowledge and wisdom concerning traditional Inuit childrearing practices to the youth and all in attendance at the meeting. We all wanted to influence the children to get a better head start. Children never forget how they are reared.

Child sexual abuse was mentioned by delegates at the conference. Expectations are high that by setting up daycares, we can help prevent child sexual abuse.

We have had daycares in the past, but they have been based on southern models and the children were losing their language. Some things in these daycares were not appropriate—toys, scheduling, materials that are foreign to children.

With Elders involved from the beginning, we believe that the Inuktitut language and the Inuit culture will be solid and have foundation. This project—the conference and materials development—jointly funded by Child Care Visions and the FNICCI, has come along at the right time in the development of Inuit child care services.

All Inuit Working Group members feel that working together will result in something productive for Inuit. All regions are cooperating for the good of the children, families and communities—gathering data about how we used to do things in the past. The ideas came from Inuit themselves.

Rebuilding the language and culture was very important to us, especially in Inuvialuit and Labrador.

We all learned from each other and from the Elders in our group.

Information Shared During the Conference

by Roda Karetak

"In the past we had to work all the time with our hands.

We held our babies on our back all the time: we didn't feel tired by carrying our babies.

Then our lives rapidly changed. We came to the point where people were committing suicide and we wondered what to do next.

When we set up the conference, we wanted a man and a woman to come from each community. We want to articulate and make known our own Inuit way of talking to children. We Inuit try to maintain childhood to age 5. We talk in child talk. Each child develops a special way of talking with his or her mom.

Once we sent our children to schools things changed. I have just handed my daughter over to the school system: now we are concerned. I heard an incident of children at the daycare being sexually abused.

We have tried to follow the territorial guidelines with daycare but there are conflicts with the policies. Even if we tried to approach officials, our papers ended up at the bottom of the pile.

If you love the child, there is a way to improve. We were taught to treat people equally; not to gossip, not to tell tales.

When my other daughter became pregnant she bought a book. I couldn't believe it. We need to pass on traditional knowledge as it was passed on to us. Twenty years ago adults and youth were completely divided. Adults and youth did not understand each other. Elders became "yes/no" people. Jails became packed. People would escape to our house. We then had no reason for existence. Inuit women did not know southern laws. Now, we will record traditional childrearing and our children will know about Inuit. That time we were excluded from decision making. I am very happy that this initiative has started while the

Elders are still around.

Remembering Traditional Childrearing

by Annie Napayuk

We can work together; however, some of the policies in existence are totally irrelevant to Inuit—they are not Inuit-specific. Last fall, we made decisions through teleconferences. At the conference, people older than us were teaching.

Young people are losing the language. Rankin Inlet is a melting pot—young people are speaking English; some children do not speak Inuktitut; in Arviat, it is not so bad. Our vision is to set up daycares with Inuktitut as the main language.

The conference was a memory jogger. In our day, babies didn't use diapers—we used rabbit fur and moss. We knew when babies had to urinate, because you could tell by the body movement on your back.

We exercise babies' muscles. We always talk to children in an age-appropriate way. I brought up seven children and each one I spoke to differently.

Boys were given a caribou rib with which to make a bow and arrow. There was a clear definition of what was for boys and what was for girls. With nieces and nephews, we have many special ways: each way special for each specific child.

The Kuujjuaq conference touched everyone—it helped us to regain kinship relationship calling. We communicate in a special way with children. We cannot use everything from the south—we have a different geography, diet and many other things.

Vision Materials

by Eva Deer and Maria Storr

Thank you to our Elders. We grew up where there were not many material goods. At that time, we didn't talk about saving our language and culture. Sometimes in a small community you don't know where to look for help. Future workers have to be trained in how important our language and culture are. We have always had a blocking point over policies. We want to keep in mind how Inuit take care of children.

We are presently involved in creating materials that take the information gained during the conference and packaging it to share with Inuit across the North and with educators across the country.

Audio Tape

The audio tape will comprise a minimum of 60 minutes of stories and songs. They were recorded during a 3-hour session in Kuujjuaq. During the sessions, Inuit—old and young—presented songs and stories to the assembled crowd. The audio tape will be produced in Inuktitut and accompanied by a small booklet in which the text of the songs and stories will be printed in Inuktitut syllabics, Roman Orthography and English.

The audio tape will be available on cassette and CD, and is intended for use in the daycare setting and at home. It will be of interest to child care workers in the North. Across Canada, the audio tape will become a valuable tool for daycare educators exploring northern or multicultural themes.

Video

The video will include videotaped sequences of Elders, during the meetings, documenting various aspects of traditional childrearing practices.

It will consist of four 28-minute segments. Each segment will provide Inuit with a document containing Elders' thoughts and direction concerning four different areas of traditional childrearing. It will give daycare educators, directors and board members insights into running their programs. For those involved in training, the tape will provide direction on creating a training program for educators in Inuit communities. Across Canada, the video will be of great interest as a resource created by Inuit documenting traditional Inuit childrearing practices.

The video will run in the language of the speaker with subtitles.

Catalogue

The catalogue will be eight pages, including the cover, on 8½" by 11" durable paper. It will provide a reference list of Inuit making and doing things for children. For example, it will identify seamstresses who are making large and small amoutis (coat in which a baby is carried) and shawls for carrying babies, etc. The catalogue will also identify people who are making wooden sleds and boats for children, as well as a spectrum of Inuit-made products for children.

In addition to providing the name, address and telephone number of the craftspeople and identifying what they do, the catalogue will also list performers. Storytellers, drum dancers and ayaya singers will be listed. It is hoped that someone from each of the committees will be found.

This list will be a first try at identifying Inuit in the six regions who are producing and performing for children, and who have the potential to provide indispensable services to daycare centres. The catalogue will be extremely useful in the North where daycare educators are always searching for culturally relevant materials. It will also be of interest to other Canadians as a way of contacting the producers of Inuit materials, and the performers of Inuit songs and stories.

Book Package

The package will be a 100-page spiral-bound 8 ½" by 11" black ink only book, and include photos and text. A different Elder will be featured on each left-hand page. The sections of the book will be titled based on the topics discussed at the conference. The book will become a reference tool, and contain the thoughts and direction of Elders on various aspects of childrearing.

This book will be of particular interest to daycare workers in Inuit communities who have lamented for years the absence of this kind of tool. It will also be useful as a source of information for the development of an early childhood education curriculum designed to serve the needs of educators working in Inuit communities.

Furthermore, this valuable resource will be of interest to people throughout the early childhood field as a source of information about Inuit childrearing practices as voiced by Inuit Elders.

Conclusion

The National Conference on Traditional Childrearing Practices provided Inuit with an important opportunity to focus discussions on traditional Inuit childrearing practice. Valuable information was gathered during the proceedings and recorded on video tape, audio tape and

through still photography. The development and distribution of the end products will make it possible to share the knowledge learned and preserved through the conference with Inuit and other interested early childhood educators across the country.

The work of the Inuit Working Group was funded by Child Care Visions and the First Nations and Inuit Child Care Initiative, Human Resources Development Canada.

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ᐅᖃᐅᑎᑕᒪᓕᐅᖅ ᑎᑎᕋᖅᓯᒪᓂᖅ: ᑲᑎᒪᔨᖅᑎᑕᒪᔪᖅ ᐊᖏᖅᓯᖅᑎᑕᓄᑦ ᑲᑎᒪᔨᖅᑎᑕᒪᔪᖅ ᐅᖃᐅᑎᑕᒪᔪᖅ ᐅᖃᐅᑎᑕᒪᓕᐅᖅ ᐅᖃᐅᑎᑕᒪᓕᐅᖅ ᐅᑯᓂᖅ: ᐃᒡᑕ ᑲᓇᕐᓂᖅ, ᐊᑐᓵᔭ ᖃᓄᐃᓕᓚᖅ, ᕿᑎ ᖃᓪᓗᒡᒐᖅ, ᐊᓂ ᓇᐸᔨᖅ, ᐃᒡᓗ ᑲᑎᒪᔨᖅᑎᑕᒪᓕᐅᖅ ᐊᑐᖅᑕᐅᓂᖅ ᐊᑐᖅᑕᐅᓂᖅ ᐅᑯᓂᖅ ᐃᒡᓗ ᓱᓕᔪᒪᓕᐅᖅ ᐊᑐᖅᑕᐅᓂᖅ ᐊᑐᖅᑕᐅᓂᖅ ᐅᑯᓂᖅ ᐃᒡᓗ ᐊᑐᖅᑕᐅᓂᖅ ᐊᑐᖅᑕᐅᓂᖅ ᐅᑯᓂᖅ ᐃᒡᓗ ᓱᓕᔪᒪᓕᐅᖅ

ᐅᖃᒪᔨᑎᓕᑎᒍ ᖃᓄᐃᓕᓴᕆᓯᒪᓐᓇᒋᑦ ᑕᕐᓂᖓᑦ ᑲᑎᒪᓘᐃᔨᔪᖅᓂᐊᖅᓯᖏᓐᓄᑦᑐᓂᓕᒃ. ᑕᑯᓘᑐᑎᓕᑦ ᐅᖃᒪᓕᕐᓂᖅᓯᖏᓐᓇᑕᒋᑦ, ᓱᓕᓕᖅᓯᐅᑉᔪᖅᐅᔪᓐᓇᖅᑐᑦ ᓇᓗᓇᐃᑦᑕᐅᓕᐅᑎᓪᓗᒋᑦ ᑲᑎᒪᓘᐃᔨᔪᖅᓂᐊᖅᓯᖏᓐᓄᑦᑐᓂᓕᒃ ᐅᓇᐅᓕᐅᑎᓪᓗᒋᑦ. "ᐃᓄᐃᑦ ᑕᐃᓕᒪᓂᕐᓂᖅ ᓄᑕᖅᓂᒃ ᕿᑎᖏᓐᓇᕆᓕᐅᑎᓪᓗᓂᒋᑦ."

ᐊᑎᕈᓕᐅᑎᓕᒋᑦ ᑲᒪᒋᔭᐅᔪᓂᖅᓯᖏᓐᓄᑦᑐᓂᒋᑦ ᕿᓐᓇᑦᑕᐅᓂᖓᑦ ᑭᒃᑯᐊᐃᔨᓄᑦ 53-ᓂᒋᑦ ᓄᓇᖅᑲᐅᑉᔪᓂᒋᑦ ᐅᑭᐅᑦᑎᔪᓂᖓᓂᒋᑦ ᑲᓇᑕᐅᑦ ᑕᕐᓂᖓᑦ ᐃᓄᐃᑦᑕᐅᓂᖓᑦ ᐅᑭᐅᓂᖏᑦ ᓴᓐᖏᑕᐅᓕᐅᑎᓪᓗᒋᑦ ᑲᑎᒪᓘᐃᔨᔪᖅᓂᐊᖅᓯᖏᓐᓄᑦᑐᓂᒋᑦ ᑲᑎᒪᓕᕐᓂᖅ. ᑲᑐᔾᔨᓂᒃ ᓴᓇᖅᑲᐅᑉᔪᓐᓇᒋᑦ ᐃᓕᓴᕆᓯᒪᓂᕿᓂᕐᓂᖏᓐᓄᑦᑐᓂᒋᑦ ᑲᑎᑐᒪᓂᒃ ᔪᓚᐅᑎᒋᑦ, ᓄᓇᓕᒃ. ᑲᑎᒪᓂᖅᓯᖏᓐᓄᑦᑐᓂᒋᑦ ᐃᓕᓴᕆᓯᒪᓂᕿᓂᕐᓂᖏᓐᓄᑦᑐᓂᒋᑦ ᐊᑎᕈᓕᐅᑎᓕᒋᑦ ᑲᑎᒪᓘᐃᔨᔪᖅᓂᐊᖅᓯᖏᓐᓄᑦᑐᓂᒋᑦ ᑲᑎᒪᓕᕐᓂᖅ ᐃᓕᓴᕆᓯᒪᓂᕿᓂᕐᓂᖏᓐᓄᑦᑐᓂ

ᑲᑎᕐᓯᐃᓂᓂᕐᒥᓄᑦ ᑎᑎᕋᕐᓯᒪᔪᓂᒃ ᐱᔪᑎᖏᓐᓂᖅ ᖃᓄᐃᓕᓐᑐᕐᔪᕐᓇᓐᓂᒃ ᑭᖑᓂᑎᓂ - ᐃᓕᒪᑎᔾᔨᐅᓕᒪᔪᓄᑦ ᐃᓄᒃᓂᖓᓐᓂᑦ.

ᐱᓕᕆᐊᑎᑕᐅᓂᖓ ᐅᖃᐅᓕᑦ ᑐᓴᒐ ᐃᓕᓴᓕᑦ ᐅᕙᑎᓂᑦ ᐊᑐᖃᓐᓇᕆᓕᐅᕐᓴᑦ ᐱᓕᓂᑐᑦᑎᑦ ᐃᓄᐃᕆᓄᒃᓂᑦ ᑐᓴᒐ ᓴᐸᑐᑕᐅᓄᑦ.

ᑕᓴᒪᑕ ᐃᓕᓴᕐᓂᑖᑦ ᐅᕙᑎᓂᑦ ᐊᐅᓂᑦ ᑐᓴᒐ ᐃᓄᐊᖃᓂᑦ ᐃᓕᐅᓕᕐᓂᓂᑦ

ᖃᓄᓕᓴᕐᓂᒪᖏᑦᑕ ᖃᑎᒌᒪᕕᐊᕐᓇᑐᓂᓕᓂᑦ

ᐋᓐᓂ ᓇᐸᔪᖅ ᑐᓴᒐ ᔨᑦᑕ ᖃᓄᓕᖅ ᑭᓕᓕᕐᓂᐅᑦ ᐅᖃᓪᓚᕆᐊᓕᕐᓂᑦ ᐱᔪᑎᖏᓐᓂᖅᓄᑦ ᑐᓴᕆᔨᒪᔨᓕᕐᓂᑦ ᐃᓄᐃᕆᓄᒃᓂᑦ ᖃᑎᒌᒪᕕᐊᕐᓇᑐᓂᓕᓂᑦ.

ᔨᑕ

ᑭᖑᓂᑎᓂ ᓴᓇᐃᓇᐸᓕᕐᓂᕐᑕ ᑕᐃᓕᒪᖓᓂᑦ ᐊᒻᔪᑦ ᐊᑐᐸᓂᑦ.

ᐊᓂᒪᖓᓇᐸᓕᕐᓴᓂᑎᑐᒍ ᓄᑕᖅᓯᓐᓄᑦ ᑐᓄᓂᓄ ᑕᐃᓕᒪᖓᓂᑦ: ᑕᖃᓇᐸᓕᕐᓄᑕᑦ ᐊᓂᒪᕐᓴᓂᑦ ᓄᑕᖅᑎᑦ. ᑕᕐᓕᓄ ᐃᓄᓐᓂᑦ ᖃᓄᐃᓕᕐᓂᑦᓴᖅ. ᑕᓂᒪᓀᐊᓗ ᑭᔪᐃᓇᐃᑦ ᐃᓅᒥᓇᐸᓕᓕᓂᓂᑦ ᐊᓂᒪᓂ ᐃᓂᓪᓚᓂ ᖃᐅᔨᓴᖅᑭᒪᓂᑦ.

ᐊᖏᓂᓴᐃᓕᓐᑎᓂᑕ ᑲᑎᒪᓕᕆᔨᓴᓂᐅᑎᑦᓴᓂᑐᓄᑦ ᐱᓚᒪᓕᕐᓄᑕᑦ ᐊᓚᒍᒥᑦ ᐊᓂᒪᓂ ᐊᑦᓇᒥᑦ ᐃᓕᑎᔾᔪᓂᑦ ᐊᑎᑐᑦ ᓇᓇᖃᖅᑐᑎᑦ. ᑭᖃᑎᓪᓗᒍᑭᒪᓕᕐᓂᑕ ᑐᓴᐅᒪᓴᐅᓕᕐᓂᑕᐅᓇᑐᓄᓐᓂ ᖃᖃᔨᓴᐅᓇᑐᓂᑦ ᐅᕙᑎᓂᑦ ᐃᓄᓐᓂᖓᓐᓂᑑᑦ ᐃᓄᓐᓂᖓᓐᓂᑑᑦ ᖃᓄᖅ ᑭᖃᓕᒫᓂᑦ ᓄᑕᖅᓄᑦ.

ᑭᓯᔪᑦ ᐃᓅᓕᑕ ᓄᑕᕐᑎᑎᕋᕐᓂᑎᑎᑐᒍ ᑎᑎᑭᓕᑦ 5. ᓄᑕᖅᑎᑐᑦ ᑭᖑᓂᑎᓂᒪᔪᓄᒍ. ᐊᑐᓂᑦ ᓄᑕᖅᓄᑦ ᐱᓕᕆᐊᑭᓐᓂᑦ ᓇᓕᓂᓴ ᑭᖑᓂᑎᖃᖅᓯᓐᓄᖅ ᐊᐅᓇᒫᑦᓂᓴ.

ᖃᐃᓕᐊᓕᓚᓐᓂᓐᓇᒃ ᑕᓴᓓ ᐱᒋᐊᖅᑎᑕᐅᔨᖅ ᐱᓕᕆᐊᓂᒪᓕᒫᑦ ᓗᕈᓂ ᐃᓅᓂᖃᓐᓄᑦ ᑕᓴᓓᓕᔾᔪᑎᒃᓴᓂᑦ. ᑕᕐᓂ ᓄᑕᖅᓄᑦ ᑐᓄᓂᓄ ᐃᓕᓴᐅᓂᕐᓇᖅᓄᑦ ᐊᓂᒪᔨᓕᕐᓂᑦ. ᐅᕐᓇᓂᒃ ᑐᓄᓂᐃᓅᓂᕐᓂᑕᐅᓇᑐᓂᑦᓴ ᐊᐅᓚᑦᓴᐅᓇᑐᓂᑦ ᐅᕙᑎᓂᑦ ᐃᓄᓐᓂᖓᓐᓂᑑᑦ ᐃᓄᓐᓂᖓᓐᓂᑑᑦ ᖃᓄᖅ ᐅᖃᓪᓚᕆᐊᓕᕐᓂᑦ ᓄᑕᖅᓄᑦ. ᐅᖃᓕᒫᓂᑦ ᐊᓂᒪᓂ ᐅᓇᓂᑦ ᐊᐃᓚᓂᑦ ᐊᓂᒪᓂ ᐊᑦᓇᒥᑦ ᐃᓕᑎᔾᔪᓂᑦ ᐊᑎᑐ

ᓴᓇᖅᑎᑐᓇᖅᑐᓂᒃ ᑭᓯᐊᓂ ᐃᓕᓴᕐᓂ ᒪᓕᒪᐃᑦ ᒪᓇᐅᔪᓂᒃ ᐊᑐᖅᑕᐅᔪᓂ ᐃᓄᐃᓄᑦ ᑎᓪᓗᒍᓴᕐᒪᑦ, ᐃᓄᐃᓄᑦ ᑐᓴᖏᓴᕐᒪᑦ.

ᐅᑭᐊᓴᓐᓇᓕᐅᑎᑐᓂᒃᑎᒥ ᐃᓱᒪᓕᓴᕐᓯᐅᓕᐅᑎᓕᖅᑕ ᐅᖃᓗᓐᓂᑦ ᑲᑎᒪᔨᓕᒥ. ᑲᑎᒪᒪᓕᓂᑦ ᐃᓄᐊᖓᑐᓂᒃ ᐃᓕᓴᕐᓯᐅᓕᐅᑎᓕᖅᑕᑦ.

ᐃᓄᓱᑐᑦ ᐅᖃᐅᓱᑎᓪᓗᒃ ᐊᓱᐅᔭᓕᒪᒪᑦ. ᑲᓇᑐᓕᓂᖅ ᐊᒥᑎᓱᒃ ᐊᔾᔨᖏᑐᓂᒃ ᐃᓄᖅᐅᑦᒪᑦ: ᐃᓄᓱᑐᑦ ᖃᓗᒪᖃᑎᓂᑦ ᐅᖃᒪᓕᕐᓂᒪᑦ, ᐊᑦᓚᐊᓂᓂᒃ ᐃᓄᖅᐅᑦᒪᑦ. ᑕᐅᑐᓴᐊᖏᑕ ᐋᐳᐃᑦᓴᓕᓂᒃ ᐅᓇᓂᑦ ᕿᐊᓚᐃᑦᓴᓂᒃ ᐃᓄᖅᐅᑦᒪᑦ ᐅᖃᐅᔨᖃᑎᒃᓴᑦ.

ᓄᑖᖅᑦ ᕿᐃᐱᓕᖃᖅᑎᑐᓂᒃᑎᒥ ᓄᐅᐃᐊᑦᓴᐅᓕᐅᑎᓂᒃᓴᒃ ᐊᑐᓕᓕᐅᑎᑐᑐᒍᓱᓕ ᐊᒥᓕᓴᒃ. ᖃᐅᔨᒪᓕᐅᑎᑐᑐᒍᓱᑦ ᓄᑖᖅᑦ ᕿᐃᐱᓕᖃᖅᑎᑐᓂᒃᑎᒥ ᐊᐱᕆᔭᐅᓕᖅᑎᑐᓂᒃ, ᐋᓕᓂᒥᓄᓄᐅᑦ ᑎᒥᓂᓂᑦ ᐊᒥᓱᓕᓂᑦ ᐃᓅᓴᖃᓕᒥ ᑐᓄᓂᑎᑦ ᐊᐅᓚᑦ.

ᐅᖃᓕᓕᐅᑎᑐᓂᒃᑎᒥᓄᒍ ᓄᑖᖅᑦ ᖃᓄᐃᑦ ᐊᖏᔪᖃᓂᒃᓴᑦ ᒪᓕᒃᓴᑦᑐᑦ. ᓄᐱᓕᓐᓄ ᐃᖃᓗᓐᓂᑦᓴᓕᓂᒃᓴᓕᒥᓄᒍ. ᕿᓐᓄᐊᕐᓗᒍ 7-ᓂᒃ ᓄᑖᖅᑐᓂᒃ ᐊᒥᓱᓄ ᐊᑐᓂᑦ ᑕᒪᓕᐃᑦ ᐊᔾᔨᖏᑐᑐᒍᓱᒃ ᐅᖃᓕᓕᐅᑎᑐᓂᒃᓴᑦᑐᑦ.

ᓄᐅᓕᐊᑦ ᑐᓂᔭᐅᑦᓕᓕᐅᑎᓂᑦ ᑐᓴᐃᓕᑦ ᑐᓕᒪᓐᓂᒃ ᐱᓕᕆᔨᖓᔪᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ. ᓇᓗᓇᓕᐅᑎᓂᑐᓄ ᓗᓇᓕᑦ ᓄᓇᕗᒻᒥᐅᑦ ᓄᓕᐊᑦᓴᖓᔪᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ. ᓕᓐᓄᐊᕐᓗᒍ ᐃᓄᖅᐅᑦᒪᑦ ᐊᑐᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ ᓄᓕᐊᑦᓴᖓᔪᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ. ᒪᓕᒐᓄ ᓄᐊᔪᓇᓗᓂᑦ ᐊᒧᓚᔪᓇᓗᐃᑦ ᑕᒪᓕᐃᑦᓴᓕᓂᒃ ᑕᒪᓕᐃᑦᓴᓕᓂᒃᓴᖓᓕᒫᑦ: ᐊᑐᓂᑦ ᓄᓇᕗᑦ ᐃᓕᓐᓂᑦ ᐅᖃᓕᓕᐅᑎᑐᓂᒃᓴᑦᑐᑦ.

ᓂᓪᓕᐊᑦ ᑲᑎᒪᓕᐃᓪᓚᐊᓕᐅᑎᑐᓂᒃ ᐊᑐᐃᓕᐅᑎᑐᓄᒃ ᑕᒪᓕᐃᓂᒃ ᐅᓕᖅᑎᓂᒃ ᐃᑲᓪᓚᓂᓪᓚᓂᒃ ᐅᑎᖅᑎᑎᓂᓪᓗᒃ ᑕᐃᔨᐅᓂᒃᓴᓂᒃ ᐃᓄᖅᐅᑦᒪᑦ. ᐅᖃᓕᓕᐅᑎᑐᓂᒃᓴᑦᑐᑦ ᐊᑐᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ ᓄᓕᐊᑦᓴᖓᔪᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ. ᐅᖃᓕᓕᐅᑎᑐᓂᒃᓴᑦᑐᑦ ᐊᑐᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ ᓄᓕᐊᑦᓴᖓᔪᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ.

ᐊᑐᖅᑕᐅᓂᒃᓴᖓᓕᒫᑦ ᐊᑐᓂᑦ ᓄᑖᖅᑦ ᐊᖏᔪᖃᓂᒃᓴᑦ ᐊᑐᖅᑕᐅᓂᒃᓴᖓᓕᒫ

ᓂᐱᑦ

ᓂᐱᓕᐅᕐᓯᖏᓐᓄᑦ ᑕᑯᑎᓂᐊᕐᓇᖅᑐᑦ 60-ᒥᓂᕐᒥᑦ (ᐃᑲᖅᓂᒥᑦ ᐊᑕᐅᓯᒥᑦ) ᐅᓂᒃᑯᓯᖏᓐᓄᑦ ᐅᓂᒃᑐᑐᒃᓗ ᐊᖏᓗ ᐃᓕᖅᐅᓱᑦ ᐱᓱᑦ. ᓂᐱᑦ ᐅᓂᒃᑐᑐᒃᓗ ᓂᐱᓕᐅᕐᓯᑕᐅᓕᕐᓇᑦ ᐃᑲᖅᓂᒥᑦ ᐊᖏᓗ ᐅᓂᒃᑐᑐᒃᓗ ᓂᐱᓕᐅᕐᓯᑕᐅᓗᓂᑦ ᐃᓚᐅᑎᓂᒥᑦ. ᑲᑎᒪᑎᓗᓂᑦ ᐃᓄᐃᑦ ᐃᓄᑐᖃᐃᑦ ᒪᓚᕐᑐᓗ ᐃᓕᖅᓯᕐᓇᕐᓇᑦ ᐊᖏᓗ ᐅᓂᒃᑐᑐᒃᓯᓗᑎᓂᑦ ᑲᑎᒪᑎᓕᕐᓂᖅᓂᑦ. ᓂᐱᑦ ᑐᖓᔪᑕᐅᓂᖅᓇᑦ ᐃᓄᖅᑎᑦ ᐊᖏᓗ ᐃᓕᖅᓱᓂᑦ ᒥᑕᓂᓕᕐᓂᖅᑐᑦ ᐅᓂᒃᑐᑐᒃᓗ ᐃᓕᖅᓯᕐᓇᕐᓇᑦ ᐃᓄᖅᑎᑦ, ᐅᐊᓕᓂᕐᒥᐅᑎᓂᑦ ᑎᑎᕋᐅᓯᖏᑐᓂᑦ ᐊᖏᓗ ᖃᓄᐃᓂᑦ.

ᓂᐱᓕᐅᕐᓯᖏᓐᓄᑦ ᐊᑐᐃᓄᐅᓂᕐᓇᑦ ᓂᐱᓕᐅᑎᓕᑯᓯᓐᓄᑦ ᐊᖏᓗ CD-ᓂᑎᒍᑦ ᑭᖑᓕᐅᕆᐅᑯᓯᓐᓄᑦ ᐊᖏᓗᓄᑦᑕᑦ ᓂᐱᓕᐅᕐᓯᖏᓐᓄᓕᕐᓂ). ᐊᑭᓐᓕᐅᓂᕐᓇᑦ ᐊᑐᑦᑕᐅᔪᓐᓂᕐᓇᑦ ᐅᓄᑦ ᐸᐃᓂᓐᓂ ᐃᓚᖅᑎᓂ ᐊᖏᓗ. ᐱᐅᓱᐃᓂᓂᕐᓇᑦ ᓄᑕᕐᓯᒪᓂᖅ. ᐱᐅᓯᐅᓂᕐᓇᑦ ᓄᓇᕗᑦ ᐸᐃᓂᓐᓂ ᓴᓇᓄᓂᖅᑐᑦ ᐅᓂᒃᑐᑐᒃᓗ ᐱᓱᑦ ᐃᓕᖅᓱᓂᑦ ᐃᓄᐃᑦ ᐃᓄᐃᖅᓱᓂᑦ. ᐅᓂᒃᑐᑐᒃᓗ ᐊᖏᓗ ᐃᓕᖅᓯᕐᓇᕐᓇᑦ ᐊᑐᐃᓄᐅᓂᕐᓇᑦᓯᓗ ᐃᓚᖅᑎᓂ

ᐊᑐᕐᓇᓚᐅᓂᐊᕐᑐᖅ ᐅᑭᕐᑕᑐᑦ ᑕᕆᓂ ᐅᓗᓂ ᐸᐃᓚᐃᓚᐅᓂ ᐃᓕᓂᐊᕐᓴᖅ ᖃᓄᓇᖅᑕᕐᒪᑕ ᐃᓕᓴᕐᔪᓂ ᐊᑕᐅᒥᐅᓂ ᐃᓕᓂᐊᕐᑎᐅᓇᕐᑕᕐᒥᓂᐅᓂ. ᐱᐅᒋᔭᐅᓂᐊᕐᒥᕐᓴᕐᑕᐅᖅ ᐊᓯᖏᓂ ᑲᓇᕐᒥᐅᓂ ᑐᓴᕐᓯᓚᐅᕐᓂᐊᓂᓂ ᓴᓇᔨᓂ ᐃᓄᐃᓂ ᓴᓇᔭᐅᓯᒪᔨᓂ, ᐊᓯᓚᓐ ᖃᓄᐃᓕᓂᐅᕐᔪᐊᕐᑎᑦᑎᓐᓄᓂ ᐃᓄᐃᓂ ᐱᓕᕐᓂᓂ ᐅᓂᒃᑎᑐᐊᕐᕕᒋᓂᐅᓂᓐᓇ.

ᐅᖃᓕᒫᖓᐃᓂ ᑲᑎᒪᔨᔪᒪᔨᓂ

ᐅᖃᓕᒫᖓᓂᖅ ᑲᑎᒪᔨᔪᒪᔨᓂᖅ 100-ᓂᒃ ᒪᓕᐊᖅᖃᓄᐅᕐᓂᖅ ᐊᑕᔨᑎᖏᓂ ᖃᓄᐃᓕᒪᔨᓂ 8 1/2 x 11" ᖃᓄᓂᑕᒧᑦ ᑎᑎᕋᔪᒪᓕᑎᒃ ᐅᖃᓕᒫᖓᓂᖅ. ᐅᖃᓕᒫᖓᓂᖅ ᐃᓕᖅᐹᓄᐅᕐᓂᖅ ᐊᑐᐊᓂᖅ. ᐊᑐᕐᓂᖅᑐᐃᓂ ᐃᓄᐃᑦᑐᐃᓐᓇᐅᕐᓂᖅ ᐊᑐᓂ ᓴᐅᒪᑎᓐᓄᓂ ᒪᓕᐊᖅᖃᓄᐅᕐᓂᖅ. ᐊᑐᕐᓂᖅᑐᐃᓂ ᐅᖃᓕᒫᖓᓂᐊᓂ ᐱᔨᑎᖅ ᒪᓕᓐᓄᐃ ᐅᓪᓚᒥᑦᑐᕐᓂᖅᓂᖅ ᐊᑎᖅᑕᐅᓂᖅᓂᖅ. ᐅᖃᓕᒫᖓᓂᖅ ᐊᑎᖅᑕᐅᓂᖅᓂᖅ ᐱᔨᑎᖅ ᐅᓪᓚᒥᑦᑐᕐᓂᖅᓂᖅ ᐊᑐᓂ ᓴᐅᒪᑎᓐᓄᓂ ᒪᓕᐊᖅᖃᓄᐅᕐᓂᖅ ᐃᓕᖅᐹᓄᐅᕐᓂᖅ ᐊᑐᐊᓂᖅ ᐃᓄᐃᑦᑐᐃᓐᓇᐅᕐᓂᖅ ᐊᑐᓂ ᓴᐅᒪᑎᓐᓄᓂ ᒪᓕᐊᖅᖃᓄᐅᕐᓂᖅ ᐃᓄᐃᓂ ᐱᔨᑎ

B · 3

The Inclusion of Infants in Canadian Multi-Age Early Childhood Education Settings

A Preliminary Report

[Presented as "Understanding Quality in Canadian Multi-age Early Childhood Education"]

by Judith Bernhard, June Pollard, Costanza Eggers Piérola and Veronica Pacini-Ketchabaw

Introduction

"Multi-age groupings" within a group child care centre refers to the placement of children of different ages together in activity and learning areas for substantial portions of the daily schedule. Since the inclusion of infants in child care centres is under scrutiny, the issue of infants in multi-age centres presents additional questions.

Advocates for effective education with diverse populations have become involved in promoting multi-age settings (Intercultural Development Research Association, 1995; Veenman, 1995; Montes, 1996) because such settings are thought to be more congenial to family atmosphere and preservation of language and cultural values. Age segregation is a common norm in North America that is built into most licensing regulations. However, multi-age groupings have been explicitly mandated and widely used in Denmark (Kamerman and Kahn, 1994) and Sweden (Sundell, 1993, 1994; Swedish Institute, 1994) since children began to attend child care centres.

Our work in the multi-age area adds to the growing literature on the effort to implement family-responsive child care options (Lefebvre, 1990; Stonehouse, 1991; Beaulieu and Lavallée, 1992; Office des services de garde a l'enfance, 1992; LaGrange, Clark and Munroe, 1994; Bernhard, Lefebvre, Chud et al., 1995; Chud and Fahlman, 1995; Chang, Muckelroy and Pulido-Tobiassen, 1996; Gonzalez-Mena, 1997; Kilbride, 1997; Corson, 1998; Gonzalez-Mena and Bernhard, 1998; Lee and Seiderman, 1998; Pacini, 1998).

The question of how Canadian multi-age situations are working is not simple since the standards by which a centre is judged are set up by age segregation, and typically the standards do not contemplate a wide mixture of ages. Observing and investigating quality of care in multi-age settings is seriously impaired when, as is common, designers of observation instruments assume age segregation (e.g. Bluma, Shearer, Frehman et al., 1976; Behar 1977; Schaefer and Edgerton, 1978; Soderman and Whiren, 1980; Humanics, 1982; City of Toronto's Children's Services, 1997).

Our interest is also sparked by theories of learning and development that emphasize cross-age interactions. Lev Vygotsky's theory is based on the premise that the child's apprenticeship to an older or more competent person is key to cognitive development. Vygotsky's zone of proximal development (ZPD) involves functions that have not yet matured but are in the process of maturing. A consequence is that a child particularly benefits from guidance by [scaffolding] with older children who are more mature and knowledgeable (Leont'ev, 1981; Cole, 1985; Moll and Greenberg, 1990; Rogoff, 1990; Tudge, 1990; Lave and Wenger, 1991; Berk and Winsler, 1995; Bodrova and Leong, 1996; Murphey, 1996).

This paper presents a portion of findings being analyzed for a larger study of multi-age settings in Canada. We present data from site visits to 12 multi-age child care centres across Canada, interviews with 37 caregivers, 15 directors and 28 parents. Our findings are informed by semi-structured interviews with key informants regarding policy development and implementation in all Canadian provinces and territories, and responses from surveys filled out by directors of centres operating with multi-age groupings.

Preliminary Findings

Policies Related to Multi-Age Groupings and Their Interpretation

All provincial and territorial child care policies present barriers to mixing children of different ages in group child care settings. In some provinces, multi-age groupings explicitly contravene regulations in fundamental ways (e.g. British Columbia). In some places, legislation simply requires the ratios to be calculated according to the youngest child in the

program (e.g. Yukon). There are provinces where guidelines suggest such groupings are not a good idea (e.g. Nova Scotia, Manitoba) and others where some special provisions for such arrangements can be made given the support of key government officials (e.g. Ontario, Quebec). During our contacts with over 100 centres across Canada that are implementing multi-age groupings, we collected many reports of ways of negotiating with legislative restrictions. Other centre directors have also shown great interest.

For example, in British Columbia, the regulations that govern centre-based child care facilities do not allow for multi-age groupings except where 25 percent of the children are designated as having special needs and requiring extra support. In such cases, the maximum group size is 15 children with a staff-to-child ratio of 1 caregiver for 4 children. We found, however, one Aboriginal centre that is allowed to operate in this way, and there is great interest among B.C. child care operators for such groupings.

In Ontario, child care centres are governed by the Day Nurseries Act (DNA) (Ministry of Community and Social Services, 1990) which provides guidelines for 22 areas, including ratios between staff and children. The Act does not give specific conditions for multi-age settings but requires that "non-walking infants [be] separated from other children during active indoor and outdoor play periods" (Ministry of Community and Social Services, 1990, DNA 53 (4)). It is up to individual centre operators to convince their licensing consultants how these requirements will be interpreted and enforced.

An important finding is that there are misunderstandings about the policy restrictions on mixing infants with older children. For example in Quebec, some caregivers informed us that there is a law that says that infants cannot circulate to the other rooms and that the door of the *pouponniere* (infant room) must stay closed. To date, we have not been able to locate this regulation in writing (Office des services de garde a l'enfance, 1997, 1998). In Nova Scotia, the Day Care Act and Regulations (Ministry of Social Services, 1990) does not address multi-age groupings, yet the child care licensing manual (Nova Scotia Ministry of Social Services, 1997), a set of voluntary guidelines, contains specific suggestions that make multi-age groupings difficult. Although these guidelines have no legal status, the caregivers we interviewed in Nova Scotia followed the suggestions as if they constituted legislation. In the last year, we have had calls from child care centres, CEGEPs and colleges across Canada asking us for help in understanding how to proceed with implementation.

Instrumentation

We developed two principal measures for understanding quality in multi-age settings. The first, now distributed on a pilot basis to 10 centres, is a revision of the Operating Criteria of the City of Toronto Children's Services Department (1997). The Multi-Age Operating

Criteria (MA-OC) (City of Toronto's Children's Services Department and Ryerson Polytechnic University, 1998a) is a 20-page booklet with 50 criteria designed and worded under the assumption that the centre has multi-age groupings. The categories include program and equipment, physical environment, play equipment and materials, and materials for cognitive development.

The second, the Multi-Age Relationship Observation Protocol or MROP (City of Toronto's Children's Services Department and Ryerson Polytechnic University, 1998b), is a 16-page checklist including prosocial (helping, caring, respect), conflict (scaffolding and negotiation), cognition (logic, mathematics, science, literacy), and self-development and diversity. The MROP has been developed according to our observations of interactions among the children in the centres investigated and is currently being pilot tested in 30 child care centres.

Practices in Multi-Age Centres

Culture of Community

Caregivers and parents spoke of the need to develop a culture of community in order for multi-age groupings to be effective. In one centre, our visit coincided with the birth of a caregiver's child. The director was in constant contact with both the father and the caregivers and children for updates on the situation. In all centres, older children were taught to be careful with babies and were very effective in protecting them. There was the belief that every caregiver is each child's caregiver and that parents could relate to all the caregivers.

Scheduling and Procedures

In certain settings, children are always together, except at circle time when they are separated by age groups, and some are in same-age groups and visit each other accompanied by a caregiver; in other settings, children are always together, except on the playground. Discipline policies have been revised and reconsidered and, in many centres, specific toys are available only when infants sleep. There are efforts to provide a balance between children's needs to interact and infant safety issues. Caregivers found that special staff discussions, both formal and informal, are necessary for fine-tuning scheduling alterations.

Complying with Legislation

In some centres, the staff spent much effort ensuring that they are in compliance with legislation. For example, in two of the centres where children move freely from room to room, staff spent time counting heads to make sure the numbers conform to the prescribed ratio. A recurrent issue is the need to have separate play areas and playgrounds for infants (e.g., Nova Scotia, Ontario, Quebec). In many cases, a centre uses an extra person as a "floater" to be able to meet ratio requirements.

Caregivers' Views of Advantages and Disadvantages of Multi-Age Groupings

The caregivers we observed were accustomed to having ongoing discussions about best practices for children and families. Below is a summary of their views:

Disadvantages Stated by Caregivers

- If infants were included, it would be difficult to uphold discipline policies.
- The issue of maintaining a primary caregiver complicates groupings.
- Some caregivers do not think multi-age groupings are suitable for infants due to their need for less stimulation.
- Parents of older children fear their children may not be sufficiently stimulated when infants and toddlers are present in their groups.
- Many caregivers lack training in infant care and in multi-age groupings.
- It takes a great deal of effort to negotiate with legislative restrictions.

Advantages Stated by Caregivers

- Children with special needs have a wider variety of playmate options.
- There are social benefits to only-children and their families.
- It is possible for siblings and neighbourhood children to continue being together.
- Student teachers can see the full spectrum of development.
- Children can operate at different levels and have less competitive spirit.
- It is challenging but more satisfying for caregivers to meet the needs of each age group.
- There are more opportunities to understand each family's values and concerns over a longer period of time.
- Children learn empathy, less negativity. Biting and other aggressive behaviour decreases significantly.
- There are fewer attachment problems with multi-age (difficulties of making transitions into and within child care can be facilitated if siblings stay together; grouping of children with same home language can be facilitated).

Discussion

Canadian caregivers and families in our small sample were generally positive about the multi-age experience, both for themselves and their children's development. For most of the caregivers contacted, the advantages outweighed the disadvantages. Where we did hear caregiver misgivings was in the areas of providing developmentally appropriate stimulation for the children, especially the oldest ones; and safety and a proper environment for infants. These concerns were generally expressed by caregivers who did not include infants in their

groups and thus were hypothetical. Centres that had infant/toddler mixing did not report such problems. We are puzzled that the safety and appropriate environment for infants remain salient issues for caregivers even in centres where there is full integration of children with special needs (i.e. where caregivers can see that older children tend to be kind to the vulnerable). We believe that as professional practices evolve in such multi-age settings, the safety issue will be properly resolved. The pervasive concerns regarding training and legislation deserve further investigation.

Some of the misgivings are, in our opinion, mainly reflective of the officially taught universal view of appropriate development of children in specific stages. Along with some other investigators, we believe the question of universality of developmentally appropriate practice has to be addressed (Lubeck, 1994; Mallory and New, 1994; Bernhard, 1995; O'Loughlin, 1995; Bernhard et al., 1998). The need is especially pressing in centres where there are many minority children with a few specific language groups. As we have outlined above, there is a crucial need for the development and pilot testing of instruments which are responsive to cultural context.

References

Beaulieu, H. & Lavallée, C. (1992) *L'éducation interculturelle en T.E.S.G. : C'est tout un programme*. Project d'éducation interculturelle en technique d'éducation en service de garde. Montreal: CEGEP du Vieux Montréal.

Behar, L. (1977) The preschool behaviour questionnaire. *Journal of Abnormal Child Psychology* 5(3): 265-75.

Berk, L. & Winsler, A. (1995) *Scaffolding Children's Learning: Vygotsky and Early Childhood Education*. Washington, D.C.: National Association for the Education of Young Children.

Bernhard, J. (1995) Child development, cultural diversity, and the professional training of early childhood educators. *Canadian Journal of Education* 20(4): 415-36.

Bernhard, J.K., Gonzalez-Mena, J., Chang, H.N., O'Loughlin, M., Eggers-Pierola, C., Roberts Fiati, G., & Corson, P. (1998) Recognizing the centrality of cultural diversity and racial equity: beginning a discussion and critical reflection on developmentally appropriate practice. *Canadian Journal of Research in Early Childhood Education* 7(1): 81-90.

Bernhard, J.K., Lefebvre, M.L., Chud, G., & Lange, R. (1995) *Paths to Equity: Cultural, Linguistic and Racial Diversity in Canadian Early Childhood Education*. North York: York Lanes Press.

Bodrova, E. & Leong, D. (1996) *Tools of the Mind: The Vygotskian Approach to Early Childhood Education*. Columbus, Ohio: Prentice Hall.

Bluma, S., Shearer, M., Frehman, A., & Hilliard, J. (1976) *Portage Guide to Early Education: Checklist*. Portage: Portage Project.

Chang, H., Muckelroy, A., & Pulido-Tobiassen, D. (1996) *Looking In, Looking Out: Redefining Child Care and Early Education in a Diverse Society*. San Francisco: California Tomorrow.

City of Toronto Children's Services. (1997) *Metro Operating Criteria for Subsidized Child Care Centres in Toronto*. Toronto: City of Toronto Children's Services.

City of Toronto Children's Services & Ryerson Polytechnic University (1998a) "Multi-Age Operating Criteria (MA-OC)." Unpublished document.

City of Toronto Children's Services & Ryerson Polytechnic University (1998b) "Multi-Age Relationship Observation Protocol (MROP)." Unpublished document.

Chud, G. & Fahlman, R. (1995) *Honouring Diversity Within Child Care and Early Education: An Instructor's Guide*. Vancouver: Early Childhood Multicultural Services.

Cole, M. (1985) The zone of proximal development: where culture and cognition create each other. In J.V. Wersch (ed.), *Culture, Communication, and Cognition: Vygotskian Perspectives* (146-61). Cambridge: Cambridge University Press.

Corson, D. (1998) *Changing Education for Diversity*. Philadelphia: Open University Press.

Gonzalez-Mena, J. (1997) *Multicultural Issues in Child Care*. Mountain View, Calif.: Mayfield Publishing Company.

Gonzalez-Mena, J. & Bernhard, J.K. (1998) Out of home care of infants and toddlers: a call for cultural linguistic continuity. *Interaction* 12(2): 14-15.

Humanics Limited (1982) *Humanics National Child Assessment Form*. Atlanta: Humanics Limited.

Intercultural Development Research Association. (1995) *Multi-age Early Childhood Education for Limited English Proficient Students: A Research Study*. San Antonio, Tex.: IDRA.

Kamerman, S., & Kahn, A. (1994) *A Welcome for Every Child: Care, Education, and Family Support for Infants and Toddlers in Europe*. (ERIC Document Reproduction Service No. ED 373 920).

Kilbride, K.M. (1997) *Include Me Too: Human Diversity in Early Childhood Education*. Toronto: Harcourt Brace.

LaGrange, A., Clark, D., & Munroe, E. (1994) *Culturally Sensitive Child Care: The Alberta Study*. Calgary: Alberta Citizenship and Heritage Secretariat.

Lave, J., & Wenger, E. (1991) *Situated Learning: Legitimate Peripheral Participation*. Cambridge: Cambridge University Press.

Lee, L. & Seiderman, S. (1998) *Families Matter: The Parent Services Project*. Boston: Harvard Family Research Project.

Lefebvre, M.L. (1990) Un enfant, quatre mileux : L'intégration des enfants immigrants dans les services de garde en milieu scolaire. *Grandir avec toi. Actes du 4e congrés sur les services de garde en milieu scolaire*. Montreal: SGEMSQ.

Leont'ev, A.N. (1981) The problem of activity in psychology. In J.V. Wertsch (ed.), *The Concept of Activity in Soviet Psychology* (37-71). New York: Sharpe.

Lubeck, S. (1994) Children in relation: rethinking early childhood education. *Urban Review* 26(3): 153-72.

Mallory, B.L. & New, R.S. (eds.). (1994) *Diversity and Developmentally Appropriate Practice: Challenges for Early Childhood Education*. New York: Caregivers College Press.

Ministry of Community and Social Services (1990) *Day Nurseries Act*. Toronto: Queen's Printer for Ontario.

Ministry of Social Services (1990) *Day Care Act and Regulations*. Halifax: Queen's Printer for Halifax.

Moll, L.C. & Greenberg, J.B. (1990) Creating zones of possibilities: combining social contexts for instruction. In L. Moll (ed.), *Vygotsky and Education: Instructional Implications and Applications of Sociohistorical Psychology* (319-348). Cambridge: Cambridge University Press.

Montes, F. (1996) A synergistic multi-age model for minority students. *IDRA* April: 6-8.

Murphey, T. (1996) Near peer role models. *Caregivers Talking to Caregivers: JALT Caregiver Education SIG Newsletter* 4(3): 21-22.

Nova Scotia Ministry of Social Services (1997) "Nova Scotia Child Care Licensing Manual: Discussion Paper." Unpublished paper.

Office des services de garde a l'enfance (1992) Formation en l'éducation interculturelle. *Petit à petit* 11(3): 15-16.

Office des services de garde a l'enfance (1997) *Regulation Respecting Day Care Centres*. Québec: Editeur officiel.

Office des services de garde a l'enfance (1998) *An Act respecting childcare centres and childcare services*. Québec: Editeur officiel.

O'Loughlin, M. (1995, October) *Six Propositions Concerning Children, Their Worlds, and the Words We Use to Describe Them*. Paper presented at the "Reconceptualizing Research in Early Childhood Education" conference, Santa Rosa, Calif.

Pacini, V. (1998) Multi-age grouping in a pluralistic society. *Interaction* 11(4): 33-35.

Rogoff, B. (1990) *Apprenticeship in Thinking: Cognitive Development in Social Context*. New York: Oxford University Press.

Schaefer, E. & Edgerton, M. (1978) *A Method and a Model for Describing Competence and Adjustment: A Preschool Version of the Classroom Behaviour Inventory*. (ERIC Document Reproduction Service No. ED 183 262).

Soderman, A & Whiren, A. (1980) Assessing quality day care: a checklist. *Day Care and Early Education* Spring: 9-12.

Stonehouse, A. (1991*) Opening the Doors: Child Care in a Multicultural Society*. Canberra: Australian Early Childhood Association.

Sundell, K. (1993, June) *Mixed Age Groups in Swedish Nursery School and Compulsory School*. Paper presented at the European conference on the "Quality of Early Childhood Education," Kripogi, Greece.

Sundell, K. (1994) Comparative research on mixed-age groups in Swedish nursery and compulsory schools. *European Early Childhood Education Research Journal* 2(2): 49-62.

Swedish Institute, Stockholm (1994) *Child Care in Sweden: Fact Sheet on Sweden*. (ERIC Document Reproduction Service No. ED 376 980).

Tudge, J. (1990) Vygotsky, the zone of proximal development, and peer collaboration: implications for classroom practice. In L.C. Moll (ed.), *Vygotsky and Education: Instructional Implications and Applications of Sociohistorical Psychology* (155-172). Cambridge: Cambridge University Press.

Veenman, S. (1995) Cognitive and noncognitive fleets of multigrade and multi-age classes: a best evidence synthesis. *Review of Educational Research* 65(4).

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B-4

Staying in the Workforce

While Parenting a Child with Special Needs

by Sharon Hope Irwin, Donna Lero and Jamie Kass

Background

The Canadian Union of Postal Workers (CUPW) has long recognized that problems related to finding, affording and keeping high quality child care are of great concern to many of its members. While the obvious concerns of employed parents of young children also apply to CUPW members, shift work, extended hours and weekend work magnify the problems faced by traditional "9 to 5" workers. CUPW has also recognized the additional difficulties experienced by its members who have children with special needs.

CUPW is one of a very few unions that have been able to negotiate a child care fund to assist members in finding and affording child care. The union represents all operational employees of Canada Post Corporation who live and work in over 500 communities throughout the nation. The range of occupations represented by CUPW is as wide and varied as the functions and services performed by Canada Post. The median age of CUPW members is 40 years. The median length of service is 13 years. About 28 percent of the workforce is female. Women comprise 45 percent of internal workers, and 15 percent of letter carriers.

CUPW covers full-time, part-time, temporary and admail workers. In 1991, CUPW negotiated a $2 million fund for child care, initially controlled by a joint union-management committee. In 1995, CUPW negotiated the right to control the fund, within the terms set out in the Collective Agreement. Later that year, CUPW commissioned SpecialLink: The National Centre for Child Care Inclusion to conduct a study of employed parents of children with special needs.

The study provided research and direction to the union, as it designed and implemented a project to assist its members who are parents of children with special needs. Both the study and the project appear to be "firsts of their kind" and present an interesting variation of the theme "from research to practice."

The Study

All parents in the paid workforce face challenges balancing work and family responsibilities. But for parents of children with special needs, the juggling act also involves economic penalties in the form of extra expenses and foregone employment income, as well as added stress because of inadequate child care, workplace and social supports. These are the major findings of *In Our Way: Child Care Barriers to Full Workforce Participation Experienced by Parents of Children with Special Needs* (CUPW, 1996) a Canadian national study on workforce barriers for parents of children with special needs.

The study is the first Canadian research on how employed parents of children with special needs, estimated to comprise 6 to 10 percent of children in Canada, juggle work and family responsibilities. It was sponsored by the CUPW.

The researchers surveyed 151 postal worker and non-postal worker families across Canada whose children have special needs. They found that a significant percentage of parents were either unemployed, underemployed or worked part time because of the demands of their child's disability or health condition.

- 39 percent reported their employment status had been affected;
- 26 percent reported that their choice of occupation had been constrained;
- 46 percent said their work schedules had been affected;
- 68 percent had turned down overtime;
- 27 percent had to forego opportunities for promotion; and
- 64 percent of two-parent families with one parent unemployed reported
- their child's special needs were a major factor in the unemployment.

Mothers' employment was far more likely to be affected by their children's needs for care and support, and the extra logistics of balancing work and family responsibilities.

Ongoing Stress

Moreover, 88 percent of parents said they felt tired and overloaded, and 90 percent said they were stressed about balancing work and family obligations. A major cause of stress was the lack of access to appropriate, affordable licensed child care. Typically, children were cared for by parents or a caregiver in the child's own home, and parents had few backups in case a child carearrangement ended or broke down temporarily. Parents also worried about whether the caregiver or program could be flexible when needed, the high cost of care, and whether the care provided was the best for the child.

Many parents in dual-earner families reported working opposite shifts to provide economic stability and meet the special needs of their child. They had little time for themselves or as a couple. As well, they were often exhausted, especially those working regular night shifts, becausedaytime child care responsibilities left little time for sleep.

Variety of Supports Needed

The study shows that while parents of children with special needs face the same problems as other employed parents, the intensity, availability, cost and duration of their child care needs are different. Parents said they needed a mix of flexibility, services and support to help them cope, including:

- formal workplace policies and benefit provisions, such as extended health plans to cover additional expenses for their children's special needs;
- paid special leave for emergencies and paid family responsibility leave, since many parents use their sick or vacation leave, or take unpaid leave for emergencies, or when their child is ill or has a medical appointment;
- flexibility in schedules and workload;
- stability in work scheduling for temporary or casual workers to help them plan child care;
- assistance with child care provision and child care costs; and
- increased awareness and sensitivity of employers, unions, co-workers and the public to the challenges of parenting a child with special needs.

Parents also expressed fears about losing already fragile community-based resources because of government cuts to social programs. These cuts threaten the access of children with special needs to therapy, assessments, medications and assistive devices.

In addition to contractual conditions specific to CUPW and educational materials for co-workers and supervisors, the study recommends the development of progressive public policies to help parents juggle family and work. These policies include a comprehensive national child care program, promotion of employment and pay equity, and honouring ILO conventions on the rights of workers with family responsibilities to equitable treatment in the workplace, and equitable treatment of persons with disabilities.

The Project

The research for the CUPW showed how their members who have children with special needs experience enormous stress over child care–related issues, how they use their vacations for hospital visits and care of sick children, how their child care arrangements are so fragile and without backups, and how cutbacks in educational, social and health services make their ability to juggle work and family even more difficult.

The union decided to act on the research, and design a project to help its members who have children with special needs, by bringing their child care–related costs and opportunities closer to that of other members who are parents.

The members had said they needed funding of course, but they also said they needed technical assistance in finding services, consultation in developing options where there weren't any, understanding from fellow members, and connections with other members who were dealing with similar issues.

The project started in summer 1996, when 105 members participated. Members had pointed out the extra difficulties of summer—when schools and developmental preschools are closed, and when many community programs are not accessible to their children.

The project criteria had to be clear regarding eligibility criteria and eligible uses. It had to provide a flat rate of funding for each child, rather than a variable one. The process had to be accountable, but at the same time not add to the paper burden that members were already facing. It had to use a variety of mechanisms to get its message to members across the country in a very short time. It had to find knowledgeable people across the country who would help members find or modify services to meet their children's needs. And it had to have a strong evaluation component to build improvements and to monitor its effects.

Working closely with CUPW, SpeciaLink took on the project design and administration role, hiring respite workers, early intervention workers, family support workers—all on a part-time basis—to consult regularly with parents. They tried very hard to arrange for members to reach a real person—not an answering machine—when they made their first telephone call to the project. Members heard about the project through CUPW bulletins, the union newspaper, from shop stewards and union officers, from members who had been involved in the research project, and even from provincial disability associations.

The results of the first summer's project were astonishing. Members reported substantial decreases in their own stress, in their spouses' stress, in the well-being of their children with special needs, in their other children's responses, and even in community programs. Members also reported increased pride and respect for their union, and increased capacity to act as advocates for their child and information sources for other members.

Here's one story:

One CUPW member phoned to find out whether her 7-year-old son was eligible for the project. Since she did not get a summer vacation, she needed to arrange for a day camp or a recreation program to cover her child care needs. Her son wanted to go to a soccer camp. But being a severe diabetic, he required frequent glucose tests and insulin injections. The camp was not willing to take on that responsibility.

Our first idea was to provide funding to educate the camp staff about diabetes, about glucose tests and insulin injections. The member said she'd already suggested that.

Our second idea was to provide funding to bring a health worker to the camp in the morning and afternoon, at regular times, to do the glucose tests and insulin injections. The member said that this wouldn't work either. Sometimes her son would play strenuously, and need insulin earlier.

Next, we asked whether there was a camp for children with diabetes in her area. She said that she thought so, but before choosing that option, she wanted to think about it.

Next day, the member called back, and said, "I have another idea. I've found a 17-year-old boy, who is also an insulin-dependent diabetic, who wants to work in recreation. Could the project pay him as an aide at the camp?" The answer was 'yes.'

The member's son had a wonderful experience. By the end of the summer, the 17-year-old was hired by the camp for the following summer. And the camp was comfortable with diabetes, ready to take on additional challenges of inclusion.

Another member used the funding for materials for a ramp at a child care centre. The centre had said her child was getting too heavy to lift up the stairs. He had attended the centre as a preschooler, and with the ramp, after-school child care was now accessible.

Still another member told us that "sleep" was his problem. He had been off-shifting with his wife for 6 years, taking over child care responsibilities after his night shift. Between helping his child to eat, dressing her, taking her to school, picking her up, and helping her with school work, he was always exhausted. The funding enabled the family to use summer child care. And while we cannot take credit for the rest of this story, it would not have happened without the project.

One day that summer, the member and his wife were both home at the same time because of a one-day closure at her workplace. She said, "Since our daughter is going to child care, you can sleep. And I'm going to take my mother to lunch." They decided to go to the Casino in Sydney, Nova Scotia for that lunch. After eating, the wife put a loonie in a slot machine. And won $5,000!

Over the 3 years of the project, the number of participating members has grown from 105 to more than 250, and the project has had impacts beyond its effects on individual members. "Special leave," increasing uninsured health-related expenses, declining educational and social services are three areas that received particular emphasis.

We are beginning to hear from other unions about this project, and have been told by U.S. researchers that it is unique in North America, and maybe in the world. Availability of the report in both French and English, its launch at a symposium of the Canadian Labour Congress, presentations at various conferences and workshops, and the national media attention it has received will alert unions, employers, governments and social activists about the issues facing parents of children with special needs, as they try to balance necessary employment and family responsibilities, and hopefully lead to more equitable opportunities for these parents.

Reference

Canadian Union of Postal Workers (1996) *In Our Way: Child Care Barriers to Full workforce Participation Experienced by Parents of Children with Special Needs*. Ottawa: CUPW.

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B - 5

Partners In Practice Mentoring Model

[Presented as "Mentoring as a Tool for Child Care Practitioners' Continuous Learning"]

by Carmella Singleton, Elaine Ferguson, Allison Soave and Tammy McCormick Ferguson

Introduction

The Partners In Practice (PIP) mentoring model was developed by field testing at three pilot sites.

- In St. John's, a partnership with the College of the North Atlantic and PIP, the pilot was conducted with student-mentoring pairs of early childhood education (ECE) students mentored by experienced early childhood practitioners;
- in Niagara, a partnership with the Early Childhood Community Development Centre, Niagara College and PIP, with novice mentoring pairs of novice early childhood practitioners mentored by experienced early childhood practitioners; and
- in Halifax, a partnership with the Certification Council of Early Childhood Educators of Nova Scotia, Child Care Connection-NS and PIP, with colleague-mentoring pairs of early childhood educator certification candidates mentored by their certified facilitators.

The model is inclusive, portable, affordable, accessible, sustainable and adaptable within provincial/territorial contexts and the mentoring relationships of early childhood practitioners at different points in their career development. Model development was funded by Child Care Programs of Employability and Social Partnerships of Human Resources Development Canada.

PIP Mentoring Model Components:

- Community-based Development Approach
- Guiding Principles
- Mentoring Relationship
- Tools and Strategies

Community-based Development Approach

If an infrastructure is not considered a component of mentoring, mentoring is a hit or miss experience for early childhood practitioners. For the student, it is luck of the draw for her field supervisor and is a decision based on location, transportation and time. For the novice, it depends on where she connects with child care colleagues, such as access to conferences, workshops and journals. For the experienced practitioner who wants to develop a particular area of competency, she may or may not find a colleague to mentor her growth. "Where" the individual meets her mentor is the infrastructure. Putting these two individuals together can happen by chance, or it can happen intentionally within an infrastructure that includes a mentoring and community-based development approach.

Partnerships

In community-based development and the PIP mentoring model, the commitment of a number of stakeholders and advocates is necessary. Clarity of goals, information about expectations, and valuing and appreciating what each partner has to contribute adds to the success of the mentoring relationship. Their involvement enriches the design and implementation of the model and develops a sense of commitment and ownership of mentoring in early childhood practice. The form that the infrastructure takes to implement mentoring evolves through negotiation and building partnerships, reflecting the diversity of the partners. Partners mutually define and agree upon goals, develop action plans to achieve these goals, and commit resources to implement the plans (Communitas Associates Training and Consulting Inc., 1993).

Partnerships in mentoring include the mentoring pair, their co-workers, program and centre administrators, and child care organizations. Partnerships in mentoring with early childhood practitioner preparation programs and funding bodies are also important.

Coordinating Body

Coordination is determined by the needs of the mentoring pair as well as the infrastructure existing in the community. This function may be performed by an individual coordinator, an organization or both. A coordinating body is necessary to:

- administer;
- bring the people together to recruit, select and match mentoring pairs;

- coordinate by scheduling visits, meetings and training, as well as support, counsel and guide the mentoring pairs;
- promote the mentoring concept, access funding and develop a positive relationship with the mentoring pair's child care centres; and
- develop and implement mentoring initiatives in early childhood practice.

Response to Community Needs

Needs identified by early childhood practitioners (Ferguson, 1995) are belonging, voice, and low-risk dialogue and reflection. Belonging is being part of a larger group and identified as a member of that group; voice is having articulated messages in which they can hear their voice; risk dialogue and reflection is to have a vehicle outside their workplace where their comments, concerns and considerations can be discussed with minimum risk. The mentoring relationship, supported by an infrastructure, can meet these needs of practitioners at their various stages of growth.

Guiding Principles

Support and Recognition

- The contributions made to children, families and communities by early childhood practitioners are valuable and are to be supported and recognized.

Because of the complexity of establishing and maintaining mentoring relationships, it is important that relationships be nurtured in a manner that facilitates support and recognition opportunities for mentors and protégés. Vehicles for support and recognition included in the PIP mentoring model are networking, appreciation, encouragement, validation, celebration and collaboration.

Reflective Thinking

- Reflective practitioners achieve excellence in early childhood practice.

A primary goal for developing the mentoring relationship in the PIP mentoring model is to develop reflective practitioners. Early childhood practitioners come to the mentoring relationship through reflection on their own practice. They are reasonably confident with what they do know, they want to know more, and they want to share what they know with others. In the mentoring relationship, conferences, journal writing, and training have their foundations in the use of reflective thinking.

Continuous Growth

- To value the growth and development of children, we must value our own growth and development.

Continuous growth involves recognizing that there is more to learn, gathering information, committing to training to develop skills, evaluating what has been learned and reflecting upon and applying that learning. At various times we are all mentors and protégés along a path called "continuous growth."

Relationship Building

- Mentoring relationships are based on honour, respect and modesty.

Early childhood practitioners' needs of belonging, a collective voice and arms-length reflection are met by mentoring when trusting relationships are developed. The success of a mentoring relationship relies on the honour, respect and modesty established between a mentor and protégé. This develops a strong commitment to the relationship and to mentoring.

The mentoring pair's recognition, appreciation and celebration of differences was encouraged through training in the purpose and use of the Myers Briggs Type Indicator. This assisted in problem solving, conflict resolution and in understanding each other and colleagues.

Mentoring Relationship

Practitioners who form a mentoring pair are the fundamental unit of the PIP mentoring model. The mentor has an ECE credential, mentoring skills training, is an experienced practitioner, caring, and committed to excellence in delivery of quality child care, support of families and the early childhood profession. The protégé recognizes that she wants to grow in her practice, she is willing to change, reflect, learn, trust, risk and grow.

Minimizing the Risk of Reflection

Mentors facilitate the conditions necessary for protégés to begin to feel safe in their reflection. When individuals are open to speaking freely without negative impact, a sense of self-acceptance evolves and this produces the ability to reflect safely. These conditions include a solid display of trust and confidentiality, reservation of judgment, and immediate and continuous feedback that points the protégé toward successful activity. The protégé's confidence and feelings of competence and effectiveness are bolstered. A sense of voice within the mentoring relationship produces a sense of recognition and value.

Selection and Matching

The process of selection and matching is a fundamental function to ensure a healthy relationship between mentors and protégés. The primary focus for pairing mentors and protégés was level of experience and professional career stage, and preferred communication style. Other factors considered were travel proximity, areas of interest and compatible ideologies about teaching. Because the tools used in the PIP mentoring model are communication-based, the Myers Briggs Type Indicator was used to match the members of the pairs based on their preferred communication styles.

Needs

The encouragement to speak and being heard with positive feedback produces a sense of recognition and value in a person. Participation in the training sessions, social activities, networking events and the classroom visits by mentors and protégés leaves protégés with increased resources, ideas and knowledge, a decreased sense of isolation, a clear sense of purpose, and the belief that they can make a difference. This enhanced self-awareness, increased confidence and heightened sense of the impact they had left protégés feeling differently, seeing themselves as true professionals. The opportunities for protégés to network created a sense of collectivity and an overall sense of belonging.

Tools and Strategies

Tools and strategies in the PIP mentoring model are applied in an environment that provides support and recognition and encourages reflective thinking, continuous growth and relationship building. The vehicles and the environment are symbiotic, one reflecting the other. The tools and strategies are visits, conferences, group meetings, guided journals and training.

Visits

Visits between mentors and protégés provide the opportunity to work together in their classrooms and observe each other implementing the skills required of an early childhood practitioner. Protégés observe the mentor using specific strategies and mentors act as a role model for the protégé, demonstrating ways to deal with the many issues and problems that confront them every day. This is more effective in helping the protégé learn new skills than simple verbalization of solutions to problems. Opportunities to observe the protégé and model and coach while working with the protégé enables the mentor to guide the protégé in solving some of the difficulties and overcoming the barriers to more effective interactions with children.

Conferences

Conferencing time is an important component of mentoring. Members of the mentoring pairs stress how vital it is to the building of their relationship that they have the opportunity to meet in a quiet space and discuss what is most important to them.

Group Meetings

Just as conferences of mentoring pairs are important to the growth and development of both members of the team, so are opportunities for the entire group of pairs to meet regularly. Through group gatherings, individuals in the mentoring pair begin to feel a part of early childhood practice, and gain a sense of belonging that increases self-esteem and self-confidence. Meetings also provide opportunities for planning, team building, reflection, evaluation, and support and recognition.

Guided Journals

Guided dialogue journals provide a forum for meaningful reflection and goal planning that are flexible in when, where and how long one reflects. Protégés share their reflections on an area of practice with their mentor, who clarifies issues, gives feedback and asks open-ended questions. This reflective dialogue extends the protégé's knowledge.

Training Modules

Training is integral to the PIP mentoring model. Both mentors and protégés are involved in training to understand the process of intentional mentoring. Since reflective, caring early childhood practitioners is the goal of mentoring, training assists in the development of skills necessary for this to occur. Mentors require the opportunity to explore their role as a mentor and the techniques they can use to work with protégés. Protégés need the chance to explore philosophy and ideas that help them to reflect and examine their beliefs and values about children and families. Comprehensive, interactive training allows this learning to occur.

Summary

The PIP project has developed a mentoring model that can be applied from the micro level of a early childhood centre to macro levels of provincial early childhood practice. Throughout the model, the values of honour, respect and modesty are reflected. The role of PIP is to facilitate the implementation, rather than dictate it.

References

Communitas Associates Training and Consulting Inc. (1993) Building and maintaining community partnerships. In *Certificate in Community-based Development: Module 3*, Antigonish: St. Francis Xavier Extension Program, 1997. Adapted from Freshwater, Thurston and Ehrensaft, unpublished paper, 1993).

Ferguson, E.E. (1995) *Child Care... Becoming Visible...* Halifax: Child Care Connection-NS.

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Victoria's Children Then and Now

A Longitudinal Study of Children and Their Care

[Presented as "Victoria's Children at 3, 13 and 18"]

by Dafna Kohen, Alan Pence Kohen and Hillel Goelman

Development of the Study

The Victoria Daycare Research Project (VDCRP) is a longitudinal study that began in 1982 and has followed for 15 years a cohort of children born in Victoria, British Columbia. The study was conceived within Bronfenbrenner's (1979) ecological orientation to the study of human development. Toward this end, the initial and follow-up studies have been interested in the broader contexts of children's lives. Data collection at three points in time have attempted to understand not only child/youth development issues, but also complexities in the child's broader environment over time.

The first phase of the study (1983-84 data collection) was designed to examine the differences in three types of daycare environments: licensed daycare centres, licensed family daycare homes and unlicensed family daycare homes. Included were equal numbers of children from single- and two-parent families and equal numbers of boys and girls across a variety of income levels. Measures included parent and caregiver interviews as well as child observations and developmental assessments. Trained field staff also rated the quality of the various daycare environments using standardized measures (Early Child Care Environmental Rating Scale (ECCERS) or the Daycare Home Environmental Rating Scale (DCHERS).

The second phase of the study (data collection 1992-93) followed the same group of children into early adolescence and was undertaken to explore the ways in which early childhood daycare experiences and subsequent life experiences may have contributed to later development during the school years. The second phase included parent and child surveys, as well as interviews with the child and various standardized and teacher ratings of competency. The main goals were to examine the relationships of the possible impact on elementary school-age children's performance on measures of IQ, language development, academic achievement, peer relations and self-concept in light of:

- the type, extent and quality of their preschool daycare experiences;
- indicators of family status, change and stability in the intervening years between the original and follow-up studies; and
- the interaction of family and preschool-aged daycare variables on the child's academic performance approximately 10 years after the original data collection.

The third phase of the VDCRP (data collection 1997-98) followed the original group into late adolescence to further examine associations between early childhood daycare experiences, family environment, and various outcomes in late adolescence including standardized measures of cognitive competence, measures of school engagement, sociability with peers, extra-curricular activities, problem behaviours, and both parent and child measures of academic aspirations and family processes.

Phase I Findings

Parents reported having distinct preferences for and beliefs in family daycare and centre care. Parents reported more "friendship" relationships with family daycare providers but parents who used centre-based care responded more frequently that they had "no negative concerns" about their current arrangement. Family care arrangements provided more scheduling flexibility, but centres were more prepared to provide care for children with special needs, and had caregivers with higher levels of formal training. High turnover rates characterized unlicensed family daycare more than licensed daycare and most unlicensed family care providers stated a preference for other forms of employment.

Children in licensed family and centre care scored significantly higher on tests of language development than children in unlicensed family care arrangements. The experiences of children in high quality family care homes differed from the experiences of children in low quality homes. For example, children in high quality daycare homes participated in more cognitively stimulating activities such as reading, learning, puzzle play and outdoor play than children in lower quality daycare homes. Children in lower quality daycare homes spent more time watching television than children in higher quality daycare homes. Children from family backgrounds with few resources (single parent, low levels of income, occupation, and

education) were disproportionately represented in low quality family daycare homes. Such "low-low" children were at the greatest risk for low language development scores.

Phase II Findings

The Phase II follow-up study was not intended to identify specific "main effects" which determined the children's developmental and academic status, but to attempt to understand the children's current status in light of the complex interaction of home and daycare factors in the child's preschool and elementary school years.

Child, parental and daycare variables from the original preschool data set were regressed against the children's follow-up scores on arithmetic and reading comprehension achievement tests, receptive language, the Stanford-Binet IQ tests, and measures of self-concept and behavioural development. The most powerful child development predictor from the preschool data set was the child's original score on the measure of expressive language, the Expressive One Word Picture Vocabulary Test. The child's preschool score on this measure predicted later performance on the child's mathematics and reading comprehension achievement tests, the Stanford-Binet IQ test, the Piers-Harris measure of self-concept and the child's level of overall receptive language development.

Two family variables from the preschool data set were found to be significant predictors of scores on developmental outcome measures in the follow-up study. The level of parent education when the child was in preschool daycare predicted the child's later performance on the measures of mathematics and reading comprehension. The marital status was also a significant predictor as children in two-parent families in the original study outperformed children from one-parent families on the measure of receptive vocabulary in the follow-up study.

Characteristics of the child's preschool and elementary-age after-school care experiences also predicted later school success and performance on developmental outcome measures. The number of years the child had spent in preschool daycare settings was a positive predictor of scores on the mathematics achievement test and the age of the preschool caregiver was a positive predictor of the child's follow-up score on reading comprehension.

In addition, participation in after-school child care programs while in elementary school was also a positive predictor of higher scores on measures of receptive language and the Stanford-Binet IQ test. In contrast to the positive impact of after-school child care programs, the data revealed that the number of different schools attended by the child in the elementary years was a negative predictor of performance on the Stanford-Binet.

Phase III Preliminary Findings

The data from the third phase of the VDCRP have recently been collected and analyses are still under way. Preliminary findings show that higher preschool verbal ability scores are associated with higher scores on cognitive measures as well as higher self-ratings of self-esteem and peer sociability. This provides some evidence that the effects of early childhood experiences may have an indirect impact on adolescent competence. Further analyses will examine these indirect associations as well as associations with the family environment. Children who participated in after-school care arrangements at school age were also more competent in adolescence. These associations were apparent in early adolescence (Phase II) on measures of cognitive competence and teacher ratings of social behaviours and are currently being examined for late adolescence (Phase III).

Reference

Bronfenbrenner, U. (1979) ***The Ecology of Human Development: Experiments by Nature and Design.*** **Cambridge: Harvard University Press.**

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Communities in Action

COMMUNITIES IN ACTION: PART 1

by Lyzette Johnston and Karen Garant-Radke

One in five Canadian children is living in conditions of risk. As a result, it is likely that these children will not reach their full developmental potential.

Health Canada has responded with three community-based programs for children: the Community Action Program for Children (CAPC), the Canada Prenatal Nutrition Program (CPNP) and Aboriginal Head Start (AHS). Together, these programs meet the needs of children from the prenatal period to 6 years of age, fund over 750 community-based projects, represent an annual investment of $106.9 million and enable communities to offer high quality programsCwith dedicated and well-motivated staffCthat address children=s developmental needs.

The guiding principles for CAPC and CPNP are: Children First, Strengthening and Supporting Families, Equity and Accessibility, Flexibility, Community-based and Partnerships.

Partnerships are intrinsic to the design of CAPC and CPNP. Protocols outlining responsibilities and priorities have been developed with each province and territory, and the programs are managed through joint management committees.

CAPC provides ongoing funding to community-based coalitions to address the developmental needs of children living in conditions of risk from birth to age 6. CAPC focuses on children:

- living in low-income families;
- living in teenage parent families;
- who are at risk of or have developmental delays or social, emotional or behavioural problems; and
- who are neglected or abused.

Results:

- 392 projects across Canada
- more than 55,000 children and their parents visit CAPC projects each week;
- 77 percent of participating children are under 4 years old;

- 37 percent of caregivers are lone parents;
- 27 percent of mothers did not complete high school;
- 10 percent of all participants are from Aboriginal families;
- 12 percent of participants attended programs designed specifically for other cultures; and
- over half of CAPC households had annual incomes of less than $20,000.

COMMUNITIES IN ACTION: PART 2

by Karen Garant-Radke

Fetal Alcohol Syndrome: A Hopeful Challenge for Children, Families and Communities

This segment of the presentation highlights CAPC and CPNP projects in Alberta that have mobilized to address the issue of fetal alcohol syndrome (FAS). The resulting work illustrates a multidisciplinary, collaborative and partnership-based method of linking research to practice in communities.

There are many examples of CAPC and CPNP projects' work in community-based research. This work has emerged as a catalyst for future action on FAS in Alberta.

What Is FAS?

Only a very brief overview of FAS is provided here. For a detailed analysis of the issue and a current literature review, refer to the document, *FAS: A Hopeful Challenge for Children, Families and Communities*, which is available from Health Canada.

FAS is a complex medical and social issue. It is an organic brain disorder caused by prenatal alcohol exposure. It is a birth defect that manifests itself in the areas of reasoning, memory and judgment. When a pregnant women drinks alcohol, it crosses the barrier of the placenta and the brain and central nervous system are especially sensitive.

The term first appeared in the international medical journal *Lancet* in 1973 and was coined to describe a set of features common in children born to mothers who consumed alcohol during pregnancy. By 1976, medical texts began to inform readers that alcohol crossed the placenta of a pregnant women.

Beyond health care, special education, foster care, financial assistance, social services and criminal justice system costs, there is the cost of the loss of human potential. Considering that FAS is entirely preventable, it is an issue that requires collaborative and multisectoral action.

Role of CAPC/CPNP Projects

CAPC and CPNP projects are located in about 25 communities in Alberta. Many projects have satellite sites that provide outreach and support programs to parents outside larger cities or towns. CAPC and CPNP projects have developed the capacity to support "hard-to-reach" families through supportive, culturally sensitive and non-threatening approaches. In most communities, CAPC and CPNP projects are points of entry into broader networks of support systems and services for children and families. In some smaller or remote communities, CAPC or CPNP projects are the only comprehensive service available for families.

These community-based projects are well placed to address the issue of FAS. As programs are flexible, there is the capacity to offer innovative interventions that can adjust to emerging issues and community changes.

Increasing Awareness

The issue of FAS has been receiving increased public and government attention. This is evidenced by an increase in media coverage on the issue, as well as increased public and private sector attention.

Gaps in Knowledge

There are no national data on the incidence of FAS and some contentious issues have emerged in the literature.

Consensus Toward Prevention and Early Intervention

However, there is growing consensus that the best line of defence is prevention and early intervention with women before and during their childbearing years. As well, interventions should target family members, partners and the community.

CAPC and CPNP projects were logical choices as sites to implement pilot studies or pilot projects because of the focus on prevention and early intervention.

Provincial Action Plans

Alberta FAS Committees

In Alberta, FAS committees have been established in each of the 17 health regions. These committees include representation from the Alcohol and Drug Abuse Commission and government, community and human service agencies. In many regions, CAPC and CPNP projects have joined the committees. The purpose of the committees is to plan and facilitate community action on the issue of FAS and to approach the issue in a multisectoral and comprehensive manner.

Federal/Provincial/Community Partnership and Support

A variety of key partnerships and supportive networks contributed to the initiative. These are reflective of the infrastructure in place to address FAS, as well as Health Canada's management approach to deliver CAPC and CPNP.

- CAPC/CPNP Federal/Provincial Joint Management Committee
- Provincial FAS Committee
- Health Canada Alberta/NWT Region
- CAPC/CPNP and AHS Projects
- Research Community

The Study

Goal of Study

The goal of the study was to develop, implement and evaluate FAS pilot projects and to develop strategies to address FAS.

Underlying Principles

- collaborative process (consensus building)
- multidisciplinary approach
- culturally sensitive
- build on strengths and capacities
- family-centred and community-focused
- holistic and innovative

Process, Starting in December 1997

The two sites selected were the Children's Centre in Fort McMurray and the Lethbridge Native Women's Transition Home. Fort McMurray is a city of approximately 45,000 people located about 560 kilometres north of Edmonton. Two large oil sands projects attract a young and transient population which is often without traditional family supports.
Socio-demographic issues include a lack of affordable housing, high-risk behaviours and both geographic and family isolation. In Fort McMurray, a strong FAS Committee was already in place but there were few, if any, clinical resources available.

Lethbridge is a city of approximately 65,000 and an additional 8,000 people live on the nearby Blood reserve. In contrast to Fort McMurray, Lethbridge has considerable medical and psychological expertise available in the area of FAS and the professional community considered itself to be well informed about the issue. Public awareness, however, was more

limited and the transition home where the pilot study was located was not as well connected to community resources as the Fort McMurray project.

In both projects, the will to work on the issue was very strong.

Site Selection Criteria

- existing CAPC project
- culturally sensitive
- geographic diversity
- urban/rural
- organizational stability and capacity
- community capacity

Approach

The consulting teams' approach was facilitative, as was that of Health Canada. Members of the consulting team and Health Canada staff had combined skills in the areas of community development, early childhood development, health and evaluation.

Process

Secondary prevention efforts targeted women before and during their childbearing years. Tertiary prevention efforts targeted children suspected or diagnosed with FAS.

Consultants and Health Canada staff compiled information and visited model programs in British Columbia and compiled information on many other programs across Canada and the United States. They worked with each site on issues specific to that community and the community infrastructure that existed to support FAS prevention. For example, Lethbridge was interested in developing a protocol and process for delivering programs to special needs children.

A comprehensive evaluation plan was designed. Baseline data related to the two pilot sites were collected through site visits and telephone interviews. This approach allowed for triangulation of data collection to validate information received. Future comparisons can be made against this baseline information. It was expected that implementation of project activities would result in long-term changes in behaviours, capacities and services. Follow-up studies could then compare data collected at a later date.

Recommendations for Future Actions

Health Canada was seeking direction on the issue of FAS and recommendations on what concrete actions could be put in place as a result of what was learned from the pilots.

Results

The project resulted in:

- a literature review;
- comprehensive information on model programs in the United States and Canada;
- distribution of *FAS: A Hopeful Challenge*;
- Continuation of the Fort McMurray pilot;
- *Community Action Resource Kit* on FAS;
- project acting as a catalyst for provincial action;
- interprovincial consultations; and
- community and practitioner training on FAS issues.

The study also resulted in a multitude of conclusions and recommendations. Four key ones were:

Work Within a Health Promotion and Prevention Framework

FAS cannot be separated from the overall well-being of the individual, family and community. Addressing the broader determinants and root causes of alcoholism in a community, poverty, violence against women and other social and economic issues are fundamental to preventing FAS. Also, focus on the whole community.

CAPC and CPNP Projects Are Key Entry Points to the Intervention

While CAPC and CPNP projects are natural places to situate FAS efforts, long-terms impacts will be achieved by mobilizing the whole community. CAPC and CPNP projects can have a strong influence on these efforts.

Collaboration of All Levels of Government, Communities and Private Sector Required

The issue is now owned by health, or education or social services. It is a national concern that required a coordinated effort, and the human and financial resources of many disciplines and many sectors of society.

Partnerships

Health Canada and the community partners involved in the pilot projects hope that what was learned from this work will inform and guide community action and policy decisions in the future. So far, the impact of this work has been promising. For example, all CPNP projects in Alberta will now receive grants from the province to work on FAS prevention

activities in partnership with the FAS committees in their communities. This is strong acknowledgement of the capacity of these projects to address community concerns.

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An Ecological Research Model

[Presented as "The Mosaic Centre: Supporting Refugee Children (0-6) and Families"]

by Dawne Clark, David Este and Rena Shimoni

Introduction

The Mosaic Centre is a family resource centre for immigrant and refugee families with children aged 0 to 6 hosted by the Calgary Immigrant Aid Society (CIAS). Developed with input from community agencies, community members, staff and consultants, the centre provides multitiered preventive and interventive services. The partners in this project share the belief that the health and well-being of young children needs to be addressed within the framework of the family and the community.

The Mosaic Centre is designed to ensure easy access to direct services that are culturally sensitive and adapted to specific needs of the population. A wide range of programs is provided that support the family as a unit as well as the individual health, educational and psychosocial needs of parents and children. The use of first language is extensive in all program aspects.

The objectives of the Mosaic Centre are to:

- foster the social, physical, cognitive and language development of children aged 0 to 6 years;
- address and encourage parental well-being (emotional, psychological and physiological);
- increase new Canadian families' awareness of health risks, childhood injuries, nutrition and hygiene requirements;

- assist immigrant and refugee families in accessing and using appropriate services in a transcultural setting;
- foster supportive relationships for families with young children in a transcultural setting; and
- identify potential problems in childrearing and address them in a culturally acceptable and sensitive manner.

The Research Questions

The purpose of this research project is to evaluate the effectiveness of the Mosaic Centre program for Hispanic families with children aged 0 to 6, looking at which specific needs and/or problems of two refugee groups (the former Yugoslavians and the Hispanics) are similar and which are different. The specific research questions being addressed are:

- How flexible and adaptable to different refugee/immigrant populations across Canada is the model being developed at the Mosaic Centre?
- What defines (or are the elements of) an effective interagency collaboration and/or partnership in the human services field in the area of early childhood?
- What are the specific problems and/or needs of parents and children (0-6 years) from the former Yugoslavia and Spanish-speaking countries that may hinder their successful integration into Canadian society? In what ways are these problems and/or needs similar and different?
- What are the internal and external mechanisms that have been useful to families with young children from the former Yugoslavia and Spanish-speaking countries as they adapt to Canadian life?
- In what ways are the different aspects of the Mosaic Centre beneficial to participants? What conclusions and recommendations can be drawn from this understanding?

Developing a Conceptual Framework for Researching and Evaluating

The link between research and practice has long been conceived to be linear: we have a theory, we design a research study to test the theory, and then, if the theory "works," we use it as a foundation for program development. Some of the early intervention models were clear examples of this process. Evaluations of these programs (i.e. research) further validated the theoretical constructs on which these programs were based.

At the other extreme, there is a complete dichotomy between theory and research, and programs. At universities around the world, theories are developed, tested, expanded and revised, and this knowledge is widely disseminated in academic communities. Community programs, on the other hand, rely heavily on "what works" rather than on what is being considered by academia. While many efforts have been made to address this dichotomy by academics, funders and community professionals, the connection simply is not being made successfully.

With the emergence of qualitative forms of research and the increasing recognition of its validity, particularly in the human services field, different ways of linking theory and practice are being developed. The first two models of research above depict the imposition of theory onto practitioners. Practitioners, if involved at all in the research, are the "subjects." However, qualitative research values the personal, practical knowledge held by the practitioners and researchers and seeks ways to integrate this knowledge into research and theory.

As consultants and evaluators from the inception of the program, we have had a unique relationship with the staff, collaborating partners, community members and participants. Just as the programs at the Mosaic Centre were holistic and ecologically conceptualized, we needed to engage in a similar format of research and evaluation. From an initial program phase serving one specific population through a drop-in playroom, informal discussion groups and family support counselling, the Mosaic Centre now houses four distinct programs serving families with young children, an intergenerational project, a skill-building program for adults and a men's group.

Our first role in the project was to evaluate and consult on program development. The second phase has been to conduct a comparative analysis of the two phases of the project to determine how flexible and adaptable to different refugee and immigrant populations across Canada the model being developed at the Mosaic Centre is. This has required a research process that is flexible and adaptable to the program as it is being developed. We have come to see this process as an ecological research process.

An Ecological Research Model

Bronfenbrenner (1979) developed an ecological model of human development that helps to explain the influence of culture on child development. He suggested that human development occurs as a result of interactions and transactions within the environment. His model provides a framework within which it is possible to explore the potential risks and opportunities for children provided by the environment.

Peters and Kontos (1987) adapted Bronfenbrenner's (1979) model by portraying it as three concentric circles with permeable boundaries. The inner circle, the microsystem, contains the settings in which the child is directly involved, such as the home, child care, neighbourhood, church and community groups. The second circle, the exosystem, includes the settings that directly influence or are influenced by the settings in the microsystem. The child does not directly participate in these settings, but the people who interact with the child do. Examples of settings within the exosystem include the postsecondary institutions attended by parents or caregivers, parent workplaces, regulatory bodies and government agencies. The third circle is the macrosystem which includes all political, social and economic expectations and understandings within the culture at large.

We came to see the consultation, research and evaluation process we were involved in at the Mosaic Centre in a manner similar to this ecological model. In the centre of the model are the children and families embedded within a circle of programs. The third concentric circle contains the people, agencies, processes, expectations and knowledge which have an impact on the development and implementation of the programs for children and families. For example, the funders provide guidelines and expectations for program operation. At the Mosaic Centre, this included a focus on the health and well-being of young children and families, and the expectation that the centre would be operated under the auspices of a collaborative group of community agencies. The host agency, CIAS, also is established with goals, a philosophy and a work style and ethic. As consultants and researchers, we brought with us professional backgrounds and knowledge of development (human, family and community), research on immigrant and refugee experiences, knowledge of quality children's programming, and the need to further research interagency collaboration.

Taking the funders' requirements, the host agency's structure and the consultants' knowledge and backgrounds, the next step was to develop a collaborative consultative process with partner agencies, community members, staff and other stakeholders. An initial program evolved from this process. This program was designed to meet the needs of a unique population of immigrants and refugees from the former Yugoslavia. Background research was done to determine the strengths and needs of these families. A tentative program model included a drop-in playroom for children, informal discussion groups and workshops for parents, activities for parents and children together, celebrations and special events. After about 3 months of operation, various stakeholders expressed concern that some families were not accessing the services of the Mosaic Centre for a variety of reasons, including extremely cold winter weather, transportation problems, and depression or difficulty in facing the prospect of leaving the house. After consultation, it was decided to initiate home visits. These followed a relatively standard format of making contact with the family, arranging time for a visit, and then visiting with a first-language counsellor and either the family support worker or the early childhood worker.

Managing an Ecological Research Process

Throughout the first phase, consultation and evaluation were ongoing. This allowed programs to be continually reviewed, refined, revised or newly developed. The formal evaluation report completed at the end of the first phase provided recommendations and allowed for the tracking of progress and success. However, because of the integrative nature of the ongoing evaluation, many of the recommendations had already been put into place before the report was finished. One major revision based on the findings of the evaluation concerned the collaborative process affecting the Advisory Group. The collaborating partners went through a debriefing interview process to determine what went well and what areas would need to be improved for the second phase. This feedback, along with the findings from the evaluation and the literature review on successful collaboration, led to considerable restructuring of the Advisory Group and more attention being paid to individual needs and interests of members.

The second phase of the project added a new population group, new staff, new funders, new research questions and new members of the Advisory Group. Now, the focus of our work moved from being primarily consultative and evaluative to a research focus of determining the adaptability of the model being developed at the Mosaic Centre to other immigrant and refugee groups across Canada. Activities during this time involved efforts to implement recommendations from initial Advisory Group members to the new group process. Consultations with stakeholders and community members suggested that a core group of children needed to be established at the centre. While families from the former Yugoslavia were concerned with their children's literacy development and asked for book clubs and workshops on reading with their children in English, new families, primarily from Spanish-speaking countries, were concerned with early literacy and school readiness. This led to the development of a half-day nursery school program. While families from the former Yugoslavia enjoyed family celebrations such as birthday parties and baby showers, Spanish-speaking families flocked in large numbers to special events such as talent shows. Other new programs were developed while old programs were revised to meet the unique and differing needs and strengths of the new population.

The staff was interested in expanding and enhancing the home visit program. Through a series of three half-day workshops, researchers and staff worked together to explore how home visits met the objectives of the Mosaic Centre. We drew on the personal and practical knowledge of each staff member to determine how home visits might evolve into unique and powerful support and outreach systems for families.

Working with staff and families, we wrote a program handbook to help other agencies learn from our experience of developing and evaluating a family resource centre for immigrant and refugee families. The end result of our work in this phase was the creation of a holistic ecological program model.

At this point, recommendations, participant and staff feedback, comparative evaluations, and advice from community members and Advisory Group members are directing the program development in phase three. Throughout, it has been important to maintain close collaboration with all stakeholders to provide a centre that adapts and continues to meet the needs, interests and strengths of families. A holistic approach to programming for children, parents and families together has produced a wide variety of programs and almost continual expansion of program offerings.

References

Bronfenbrenner, U. (1979) *The Ecology of Human Development.* Cambridge: Harvard University Press.

Peters, D. & Kontos, S. (1987) Continuity and discontinuity of experience: an intervention perspective. In D. Peters & S. Kontos (eds.), *Continuity and Discontinuity of Experience in Child Care: Annual Advances in Applied Developmental Psychology*. Norwood, N.J.: Ablex Publishing.

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C-2

Women's Support, Women's Work

Child Care in an Era of Deficit Reduction, Devolution Downsizing and Deregulation

by Gillian Doherty, Martha Friendly and Mab Oloman

Abstract

Among the multiplicity of objectives that high quality child care can meet is the pivotal goal of promoting equality for women. Child care has consequences for women both as mothers and as providers of care for other people's children. Thus, women have a powerful stake in child care policy. Canada has no national child care policy and its child care situation has never begun to approach adequacy. In the 1990s, however, federal funding reductions and withdrawal from the social policy field, coupled with provincial downsizing, have induced a new child care crisis. The predicament in which the block-funded Canada Health and Social Transfer (CHST), implemented in 1996, places child care embodies its standing in Canadian social policy. Child care has no "home" and its dwindling, mostly market-oriented funding arrangements ensure that even existing services are plagued with ever-increasing fragility. Yet, Canada as a nation has a growing number of sectors that identify high quality, reliable child care/early childhood development services essential for their own agendas. National reports, such as that of the National Forum on Health, and national commitments, such as the Child Tax Benefit, plus a variety of international obligations and covenants, including the Convention on the Elimination of All Forms of Discrimination Against Women and the Nairobi Forward-looking Strategies for the Advancement of Women, all need child care in order to be effective. This paper identifies what has been happening in child care over the last decade, describes policy options for the commencement of Canada's long-recommended

national child care policy, and suggests that a successful resolution to the child care dilemma would serve as a good test for assessing the effectiveness of the new social union.

Executive Summary

As noted by the 1984 Royal Commission on Equality of Employment, "child care is the ramp that provides equal access to the workforce for mothers" (see Abella, 1978, 1984). Child care is also a major source of employment for women. According to census data, in 1991 there were 181,830 women providing child care. For mothers, lack of affordable child care may mean having to be out of the workforce for several years, or part-time participation only. This results in a reduction of lifetime earnings, lost opportunities for career advancement and smaller pension benefits than would have been the case otherwise. For providers of child care, the reducation in government financial support means job insecurity and deteriorating working conditions.

The child care situation has become precarious right across the country as the affordability and availability of regulated child care decreases. In the period between 1990 and 1996, two provinces stopped providing recurring financial grants to child care programs, and the amount of such grants was decreased in four provinces. Recurring grants were frozen in five jurisdictions. This meant that new services could not obtain them. Fees for child care increased in all provinces and in the Yukon between 1989 and 1993. They increased again between 1993 and 1995 in five provinces and both territories. In the same period, average family incomes decreased, fee subsidy amounts failed to keep pace with fee increases and fee subsidies have been constrained by a limit on the total fee subsidy budget or the total number of families served. The availability of regulated spaces decreased in tandem with the decreased affordability. This is a result of programs closing or not staffing spaces because they cannot cover their operating costs. Child care providers experienced stress associated with funding cutbacks and the need to assume additional tasks. Some lost their jobs.

The CHST, which replaced the Canada Assistance Plan (CAP) and Established Program Financing (EPF), and further reductions in federal funds for the provinces and territories, appear likely to have exacerbated the situation. However, it is important to note that it is not the CHST alone that is affecting the affordability and availability of child care. The CHST is an extension of the federal government's retreat from cost sharing social service expenditures with the provinces, and reductions in the amount of federal funding that began in the late 1970s. Child care is also being affected by the changing roles of the federal and provincial/territorial governments in the social service area.

In the last few years, it has become increasingly evident that the availability of affordable, high quality child care is a crucial component in strategies to address broad national objectives. These national objectives include promoting the optimal development of all

children, reducing the incidence of child poverty, developing a healthy economy, and promoting women's economic and social equality.

A shift in the roles and responsibilities of federal and provincial/territorial governments and between each of these levels of government and the citizens of Canada is occurring. This shift is away from direct state funding of services to reliance on the tax system for income redistribution and away from a moderate degree of federal leadership and involvement in social programs to an emphasis on the primacy of the provinces. In this political climate, it is difficult to identify an approach that would halt the current rapid deterioration of child care services in Canada and move toward a national child care strategy. Yet, Canada desperately needs affordable, high quality child care. This paper discusses some options for governments to work together to develop a national child care plan. The National Children's Agenda may provide a window of opportunity for so doing.

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C - 3

L'influence de la directrice de garderie sur la qualité et la satisfaction des parents

[Presented as "Day care centre directors' impact on overall quality and parental satisfaction"]

Depuis maintenant quelques années, les spécialistes en éducation de la petite enfance ont démontré un intérêt pour la qualité des services de garde offerts aux enfants. Pendant que de plus en plus de garderies ouvraient leurs portes aux États-Unis et au Canada, un sentiment d'inquiétude vis-à-vis la qualité générale de celles-ci et leur impact sur le développement des jeunes enfants allait en s'accroissant. Cela a entraîné la réalisation de nombreuses recherches à ce sujet. Des études (Ruopp, Travers, Glantz et Coelen, 1979; Phillips, McCartney et Scarr, 1987; Whitebook, Howes et Phillips, 1989) ont démontré qu'un niveau de qualité élevé en services de garde avait une influence positive sur le développement des enfants tandis qu'un niveau de qualité moins élevé avait une influence négative. De plus, ces études ont démontré que des éducatrices qualifiées avaient un impact positif sur le développement des enfants (Ruopp et al., 1979, Phillips et al., 1987 et Whitebook et al., 1989). Comme Fiene (1992) l'a suggéré, la qualité est un concept multidimensionnel; elle peut être définie selon les buts visés (ex: accroître le développement des enfants, offrir un soutien aux parents) ou selon certaines caractéristiques (ex: taille du groupe, ratio adulte/enfants, conditions de travail). Par exemple, les conditions de travail des éducatrices peuvent influencer leurs interactions avec les enfants (Berk, 1985). Mais qu'en est-il de l'influence des directrices sur la qualité des garderies? Est-ce que n'importe qui peut devenir directrice de garderie ou est-ce que cet emploi requiert certaines qualités personnelles ou compétences particulières? L'importance du rôle des éducatrices a été souligné à maintes reprises et depuis plusieurs années. Par contre, celui des directrices n'a pas soulevé le même intérêt. Nous connaissons en quoi consiste ce rôle, les responsabilités et les tâches qui lui sont reliées mais nous avons très peu d'informations sur l'influence de la directrice sur le fonctionnement de la garderie. C'est ce manque

d'informations qui nous a amenées à explorer le lien entre la directrice et le niveau de qualité de la garderie.

Dans une recherche faite dans l'état de l'Illinois sur les directrices de garderie, Jorde-Bloom (1989a) et Jorde-Bloom et Sheerer (1992) ont démontré que la formation reliée à l'emploi des directrices (ex: le développement de l'enfant et la planification de programmes) avait une influence positive sur la qualité. Cependant, selon Jorde-Bloom et Sheerer (1992), les directrices ne seraient pas préparées adéquatement pour assumer ces responsabilités. On a observé des lacunes au niveau des compétences et des connaissances en administration, en gestion de personnel et en évaluation de programmes parce que leur formation n'abordait pas ces sujets (Jorde-Bloom, 1992a; Jorde-Bloom et Sheerer, 1992; Amanna, 1993). Au Québec, il n'y a pas de programme spécialisé pour former des directrices de garderie mais quelques cours, ateliers ou conférences sont offerts de temps à autres (ex: par le Regroupement des Garderies du Montréal Métropolitain). Les directrices reçoivent la même éducation et formation que les éducatrices, que ce soit au niveau collégial ou universitaire. De plus, il n'y a pas de normes spécifiques quant aux qualifications de la directrice, sauf en ce qui concerne l'âge et le nombre d'années d'expérience. Malgré le fait que plusieurs directrices ne soient pas formées adéquatement pour assumer leurs rôles et leurs responsabilités, certaines d'entre-elles sont capables de gérer adéquatement des garderies. La question est donc de savoir qu'est-ce qui, mis à part les qualifications, aide les directrices à atteindre et à maintenir de tels standards de qualité? Le style de leadership de la directrice pourrait-il être l'une de ces caractéristiques?

Notre projet de recherche avait pour but d'explorer la relation entre le style de leadership de la directrice et les trois variables suivantes: (a) la perception des éducatrices du climat organisationnel de leur garderie, (b) le niveau de qualité de la garderie et (c) le niveau de satisfaction des parents. Cette influence, qui se fait sentir à différents niveaux et à différents degrés, est en somme très complexe. Étant donné que dans le passé personne n'a porté une très grande attention au rôle de la directrice, prenant pour acquis qu'il avait une importance mais sans en connaître l'ampleur, nous n'avons pas de références sur lesquelles baser nos observations. Nos résultats ont démontré que seule la perception du climat organisationnel des éducatrices est associée à un style de leadership particulier. Dans les deux autres cas, un style de leadership particulier n'est associé ni au niveau de qualité ni à la satisfaction des parents. Une des raisons pour expliquer ces résultats est que des éléments, autres que les variables observées, auraient filtré les effets de ces dernières. Dans le cas de la directrice par exemple, la taille de la garderie, le milieu social dans lequel la garderie est située, les exigences des membres du conseil d'administration, pourraient être quelques-uns de ces éléments qui interagissent avec les variables, telles que la formation ou l'expérience, pour diminuer les effets du style de leadership.

La littérature tend aussi à démontrer que le leadership est un aspect complexe du rôle du gestionnaire et qu'il n'agit pas seul. Notre manque de connaissances sur le concept de leadership en petite enfance, et plus particulièrement en ce qui concerne celui de la directrice, est probablement une autre raison pour laquelle nous n'avons pas obtenu de résultats concluants. Il n'en demeure pas moins que nous croyons que le style de leadership est l'élément-clef dans la manière dont la directrice influence la qualité de sa garderie. Nous avons aussi été étonnées d'observer que le niveau de qualité des garderies est associé négativement à l'âge, l'expérience en tant que directrice ainsi que la perception du climat organisationnel de la directrice; ce qui va à l'encontre de certaines recherches qui ont été effectuées dans ce domaine (Phillips et al., 1987; Jorde-Bloom, 1989a, 1992b). Encore là, d'autres variables qui n'ont pas été observées ont pu interagir avec celles-ci pour donner ces résultats. Par contre, plus le niveau de qualité est élevé, plus les parents sont satisfaits. Mais ce domaine, la relation parents/garderie, en est un autre qui est peu documenté et dont nous connaissons encore mal les effets sur la qualité. Quant à la relation entre la directrice et les parents, nous en savons encore moins.

Il faut donc continuer à observer le rôle des directrices parce qu'il est non seulement essentiel au fonctionnement de la garderie mais aussi central; elle est en relation avec les éducatrices, les parents, les enfants et les organismes (ou personnes) qui sont associés de différentes manières à la garderie. En étudiant ces relations avec les autres éléments de l'environnement de la garderie, nous pourrons mieux comprendre pourquoi son rôle est si important et comment elle influence ces mêmes éléments.

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C-4

Meeting the Challenge

Two Perspectives on Working with Children with Aggressive Behaviour and Their Families

by Barbara Kaiser

Introduction

Research indicates that parents are always important partners. Working with children with challenging behaviours is no exception; the process is more effective if parents are included. Both research in Montreal and the Perry Pre-school Project in the United States have strong parent components.

The purpose of this project is not to eliminate the parents' role in helping their child, but to help the child develop the skills needed to cope with the part of the day spent away from home at a daycare centre or family day home. When children develop the skills to cope successfully at the program, the result is often parents who are more willing partners. For parents who have children with challenging behaviour, picking their child up at the end of the day is often discouraging. However, imagine the difference when they arrive and find their child happily engaged in play with peers and are given the completed art projects of the day.

The Scenario

Four years ago, a child with challenging behaviour came to our daycare. This was not the first time that we had a child with difficult behaviours, but it was the first time that we did not have the skills to understand or redirect this child's behaviour, help the other children to feel safe, or go home at the end of the day with a sense of satisfaction rather than frustration. As director, I watched as the staff became increasingly frustrated, and other children who were

nervous or did not feel safe began to act out. Andrew spent his days hurting or bothering other children. I heard negative comments from both the adults and his peers.

One day, I counted the number of times Andrew received positive or negative reinforcement from anyone. I was horrified. No one said a word of encouragement to him all day. Instead, he was berated on a regular basis. When I brought this up at the next staff meeting, they informed me that positive reinforcement made him nervous—that if they told him he was doing the puzzle well, he would fling it to the ground. In the face of such behaviour, it is tempting to conclude that positive reinforcement is the last thing they need.

This is not true. Caregivers need to understand that children like this need more encouragement, not less. Perhaps they can relate to more subtle forms of positive reinforcement like a wink or a smile, but the reinforcement needs to be there. Their behaviour indicates that they rarely receive positive reinforcement, and it makes them extremely uncomfortable. If their negative self-image is too strong, they will try to get others to treat them negatively—because in their own eyes, they could not possibly be worthy of positive attention. When a child gets no positive feedback all day, he learns that he cannot play or join in. This severely damages self-esteem and makes it difficult for him to succeed in the future.

This child attended the centre for 3 years and we were unable to help him. I was determined that this would not happen again. I began to research the causes of challenging behaviour and looked for methods and strategies that would benefit every child in the program.

The Importance of Early Intervention

Early intervention is important. Research shows that aggressive behaviour in early childhood tends to persist throughout later childhood, adolescence, and even adulthood. But it also shows that children with challenging behaviours can learn appropriate ways to behave. The adults who work with them and their families can make an enormous difference in their outcome.

Researchers have also found that by helping the child with challenging behaviour, you are also helping the other children—the targets of his behaviour, who are at risk for learning to become victims, and the bystanders, who if they become frightened or excited may act out or even join him. When an early childhood caregiver knows how to handle the behaviour appropriately, or better still, how to prevent it, the children feel safe, and the challenging behaviour is less severe, less frequent and less contagious.

The Why and Wherefore

Challenging behaviour is any behaviour that:

- interferes with children's learning, development and success at play;

- is harmful to the child, other children or adults; and
- puts a child at high risk for later social problems or school failure.

Estimates of the prevalence rate of aggressive and antisocial behaviour among preschool-age children range from 3 to 15 percent.

In the past, we have referred to these children as:

- hard to manage
- at risk
- disruptive
- aggressive
- violent
- assaultive
- low threshold
- high impulsive
- spirited
- oppositional
- non-compliant
- mean
- problem
- attention seeking

Before determining whether or not a child is demonstrating inappropriate behaviour, one must consider the child's age. Very small children do not have words to express their feelings and needs. They do not yet connect actions to consequences, they are impulsive and self-centred, and even though they may notice others' feelings, they do not develop the ability to empathize until they are about 2 years old. They may use any means at their disposal to get what they want and to make themselves understood.

The National Longitudinal Survey of Child and Youth, a random sample of 22,831 children living in Canada, found that physical aggression starts at about nine months and peaks between 27 and 29 months, when 53.3 percent of boys and 41.1 percent of girls try it out. By about the age of 3, most children learn to use alternative, pro-social strategies rather than physical aggression.

Richard Tremblay and his colleagues at the University of Montreal found that 8 percent of the boys in a low-income neighbourhood were highly physically aggressive every year from kindergarten to Grade 6. On the other hand, another 16 percent who had been aggressive in kindergarten were no longer aggressive in Grade 6. The boys with good social skills were less likely to remain aggressive. However, some children do not have the opportunity to learn these skills.

If children's challenging behaviours continue, the result is poor self-esteem, and they remain at high risk for problems. Their aggressive behaviour, along with their disregard for others and their tendency to think everyone is against them, leads their peers to reject them; without friends they have no chance to learn the social skills they need. Because their teachers often do not like them either, and because they find it hard to solve problems, they do not do well at school, and they are likely to be held back or placed in a special class. All of this raises their risk for delinquency, gang membership, substance abuse and psychiatric illness. As adults, they are more likely to commit violent crimes.

In addition, the boys may become batterers, and new research is finding that the girls with challenging behaviours are at risk for early pregnancy and single parenthood, and that they lack parenting skills and may be mothering the next generation of children with challenging behaviours.

Research shows that certain factors increase a child's risk for developing challenging behaviour. These factors fall into two broad categories, biological and environmental.

Biological Risk Factors

Pregnancy complications, perinatal stress, prematurity, birth trauma and congenital defects may put children at risk by causing neurological damage.

When mothers use drugs, drink alcohol or smoke during pregnancy, their children are at increased risk for behavioural, cognitive, learning and developmental problems. Babies exposed to cocaine and babies with Fetal Alcohol Syndrome or Fetal Alcohol Effects may exhibit severe and long-lasting effects.

Developmental delays, especially language delays, are often associated with challenging behaviours. Studies report a 50 percent overlap between language delays and behaviour problems. Sensory integration problems may also be linked to challenging behaviours. These include poor motor coordination, hypersensitivity to sensation, distractibility, hyperactivity and slow speech.

Attention deficit disorder (ADD) can also contribute to antisocial and violent behavior. ADD is a neurological syndrome whose major symptoms include inattention, impulsivity and sometimes hyperactivity. Now thought to be largely genetic, ADD is not usually diagnosed until a child is at least 5 or 6 years of age.

Temperament is a significant factor. In 1956, New York University psychiatrists Alexander Thomas and Stella Chess began the first longitudinal study of personality traits and discovered that children are born with distinct temperaments. They identified three types: easy, difficult and slow to warm up. About 20 percent of children have difficult or spirited temperaments. There is no correlation between temperament and intelligence, gender, birth order, or social and economic status.

In trying to figure out why only half of the children with difficult temperaments developed emotional or behavioural disturbances, Thomas and Chess evolved the concept of "goodness of fit": serious problems are more likely to arise, they said, when the temperament of the child and the expectations of the parent or caregiver are out of sync. A child's temperament has a major impact on his or her environment—caregivers included.

Gender also plays a part in challenging behaviour, but it is not clear whether this is a matter of biology or environment. In the National Longitudinal Survey, boys rated higher than girls on physical aggression in every age group, but aggressive behaviour in girls is becoming more common.

Additional Factors

Poverty and the social conditions surrounding it—poor housing, poor nutrition, parental unemployment, victimization, discrimination—provide fertile ground for challenging behaviours.

Exposure to violence brings a high risk of challenging behaviour. Children who witness violence at home or who have been physically, emotionally or sexually abused are especially vulnerable.

Parenting style and family factors also figure in the development of challenging behaviours. When one or both parents use arbitrary, harsh, inconsistent, coercive discipline; when they respond negatively and are uninvolved with their children; when they model antisocial ways to resolve disagreements; and when they do not supervise their children, the children may respond with defiant, aggressive, impulsive behaviours.

Viewing violent television tends to make children more aggressive and seduces them into watching even more violent television to justify their increasingly aggressive behaviour.

Low quality child care can put a child at risk. Groups that are too large, spaces that are too small or too big, untrained educators or too few educators, lack of structure, not enough or too many toys, can all contribute to challenging behaviour. So do too many transitions, too much noise and too many demands on children who are not developmentally ready to handle them.

Challenging behaviour is not inevitable, even when a child is at high risk. On the contrary, some factors protect children. Some researchers refer to this ability to stave off risk as "resilience." Some of the factors that enable children to cope well despite adversity include:

- an easy temperament;
- problem-solving skills, including the ability to plan;
- sociability;
- skill-based competence;

- self-esteem; and
- involvement in hobbies or having responsibility.

Families and other people in their lives can increase children's resilience by:

- having high expectations and supporting children as they try to extend their reach;
- encouraging the child to participate in activities and to take responsibility; and
- being a caring, supportive adult presence (in addition to the parents).

Role of the Brain

There has been an increasing amount of important research about the role of the brain in this process. Recently neuroscientists have found that biological and environmental influences combine to determine behavioural outcomes for children. The connections within the brain itself are influenced by a child's experiences, especially in the first 3 years. Every experience, positive and negative, has an effect.

Although there is clear evidence that people can continue to develop throughout their lives, our ability to change reaches its apex in the first decade of life, particularly in the first three years. After that it becomes harder and harder to alter entrenched behaviour patterns. However, if we act early and intensively, we can increase children's resilience, diminish risks, bolster self-esteem, and help them to learn pro-social behaviours—thereby assisting them to develop new brain networks that will serve them well in the years to come. Because aggressive behaviour is so persistent, it is vitally important to continue to support these children to ensure that they maintain any improvements they have made.

The Strategies

Strategies that we have found to be most effective include prevention by changing the physical environment, the program and/or the social context of the centre or family care home; changing our own approach to the child; using preventive pro-social skills curricula such as Second Step developed in the United States and Making Friends developed in Canada. WEVAS (working Effectively with Violent and Aggressive students) identifies the cycle of violence, and is designed to help caregivers learn how to intervene before the child becomes aggressive.

Functional Assessment, first developed in the United States to help children with severe developmental disabilities, especially self-abuse, has been applied by researchers such as Robert O'Neill from the University of Utah, to help children with challenging behaviours in other settings. It is an important tool that enables caregivers to help children learn appropriate ways to express their needs.

We have also reviewed issues such as praise vs. encouragement, the use of "time out," empowering the other children, working with parents and finally identifying when and how to access outside intervention.

Although we have not conducted a formal, longitudinal study, over the past 3 years we have implemented these programs at the centre. An important factor related to our success is that there has been no staff turnover at the centre for the last 4 years and this has enabled us to learn how to work effectively as a team. Together, we have attended WEVAS workshops, learned about Second Step and spent many staff meetings learning how develop functional assessments. What has surprised us all is how easy it is to work with these three concepts and how well they work together. The final step in our process has been to write a behaviour management policy which enables us to ensure consistency, and inform the parents and substitutes about our program.

What we found we needed to work on the most was consistency. It has taken us years to eliminate the negatives from our vocabulary, as suggested by WEVAS. Telling children what to do instead of what not to do is much more effective, leads to an immediate change in behaviour and becomes a learning opportunity instead of an inappropriate behaviour.

We also added a pro-social program to our daily routine which has provided the caregivers as well as the children with words that they can use to express their feelings and a new level of empathy that I did not think was possible with children this young. It is important to remember that where there is a child with aggressive behaviours, there is also the victim. We have spent a great deal of time considering how to empower the other children. If children can respond assertively to aggressive behaviour, they gain confidence and self-esteem and show their attacker that they are not victims.

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***David Hawkins-Clarke** is a play therapist and child mental health researcher with a clinical practice in child and family therapy. At the conference, he presented a second perspective on working with children with aggressive behaviour and their families. Text is not available.*

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C-5

Child Development Through Caregiver Infant Interaction

A 20-Year Study

by Karen Ogston

Introduction

This longitudinal follow-up study of infant experiences has been ongoing since 1972. Three main research questions were asked:

- How important is early experience to development?
- How central is language to concept development?
- How closely do norms reflect a child's linguistic, cognitive and social competence?

Pilot preliminary studies with three English-speaking children were followed by studies of 10 children receiving language development in their parents' language (Chinese or Italian). Three dissertations then began research with infants at 3 months of age to provide controlled studies of infant cognitive development and its relationship to three forms of enrichment. In all three studies, a home visiting program was begun at 3 months with weekly, then biweekly visits to guide parents in using at least 15 minutes of focused stimulation time daily. Specific developmental tests were given at 3, 7, 11 and 16 months for experimental group children, and 3 and 16 months for control group children with the Griffiths Scales of Mental Measurement given to all groups at 3 and 16 months. Infants whose parents had completed high school and were doing well in their development were randomly assigned to groups. Amy Swenson and Karen Ogston worked with infants whose parents had completed high school and were doing well in their development. Ogston contrasted gross motor (N=12) and language (N=6) developmental stimulation with a control group. Swenson contrasted beginning language teaching at 3 months (N = 6) or 7 months (N=6), and Gloria Roberts studied a general cognitive program for Afro-Carribean infants (N=11), most referred through

public health nurses because they were at environmental risk, with control group children cared for at home (N=11) and daycare (N=6). Parents typically were not high school graduates. Swenson also studied children who started her program at 12 months and continued until 24 months. Follow-up testing also occurred at 24 to 30 months of age for Ogston subjects. Fifty-two 52 of these children were re-evaluated during high school.

Findings

In all cases, language skills developed earlier than expected. All Ogston and Swenson subjects showed significantly higher scores at post-test than pre-test on the Griffiths Scales General Quotient. Ogston subjects were significantly higher on the Receptive Emergent Language Scales, and the types and number of phrases spoken. Gross Motor Group subjects walked earlier and performed complex motor skills. Swenson subjects were higher Griffiths Language and General Quotient at 16 months. Ogston Language Group parents reported significantly more social interests and more independence by their children, with fewer concerns about discipline than the control group children. Griffiths Locomotor Scale scores were significantly higher for Gross Motor Group subjects (mean = 156) than for controls (mean = 132) and Language Group subjects. On the Griffiths Hearing and Speech Scale, Language Group (mean = 136) and Gross Motor subjects (mean = 141) were significantly higher than Control Group children (mean = 126). The Gross Motor Group children were higher than Control Group children on the averaged remaining scales. The General Quotient was also higher for experimental group subjects.

Afro-Carribean Cognitive Stimulation experimental subjects and home-reared controls gained in scores, but daycare children did not. Experimental Group children were significantly higher with mean General Quotients increasing from 111 to 122. Older daycare subjects declined from pre-test to post-test, while experimental group children increased. Ogston found that significant pre-post gains were related to parent-child interaction on a tape recording at 16 months. If parent-child turns were almost equal between adult and child, the children from any group did better at 16 and 24 months. If parent or child dominated turns, gains were not as strong. Gains were significantly higher in the program year if parents were focused and specific in the first year. Results were stronger for low turn-taking ratio subjects where the techniques were expanded to include other aspects of development than the program focus area in the year following the program.

Follow-up at 3 years showed higher Mean Length of Utterance than norms predict for Swenson subjects, but not for Control subjects. When subjects were in Grades 7 and 8, contact was resumed. By 1993, most students were in Grades 9 to 11. Results showed that 67 percent of students were in enriched or gifted classes or had skipped a year; 57 percent were early readers; 76 percent were active in music, art drama or dance; 74 percent were in sports and 67 percent were involved in leadership positions.

Of the six Afro-Carribean experiential subjects available, one was in a gifted program, one had been tested and found to be close to being gifted and all were in school, although one had dropped out briefly for family reasons before returning to school. No others dropped out. At least one has won a scholarship. Of the Control subjects located, 30 percent had dropped out and did not return.

At 15 to 19 years old, 37 Pretest/Ogston/Swenson subjects wrote the SAT tests for U.S. college entrance. Nine scored higher than 500 on the Verbal Scale and 11 on the Math scale. No group differences were significant. However, for Ogston subjects the turn-taking ratio at 16 months was correlated with the Test of Written English and Reading Scores being significant, and other subgroup scores on Math approaching or being significant. Reading Comprehension scores were correlated with turn taking for Gross Motor and Control subjects. Low turn-taking ratios were associated with scores above the group SAT test means and high turn-taking ratios were associated with lower scores using Fisher Exact tests. Roberts' students were not included in SAT testing.

Ogston/Swenson groups were tested using the WAIS. No group differences were apparent on overall WAIS scores. All students were interviewed using structured interviews and motivational questionnaires.

Questionnaires assessing motivation, which were given to Ogston/Swenson and Roberts' subjects, showed that 68 percent of language group participants were in leadership or teaching positions, as were 60 percent of the Gross Motor group and 38 percent of the Afro-Carribean Group and mixed-ethnic group. Of the Afro-Caribbean students, 50 percent expressed high interest in Math and in Science. Multiple interests and competencies in drama, art, science and music were reported for all children.

A model of developmental dynamics could be developed which suggests that early language enrichment that combines cognitive-referential orientation and flexible social interaction establishes communication skills and mastery of verbal concepts. These assist children to develop complex cognitive processing systems, independence as a learner and a drive for learning. Children demonstrated strong social skills and have developed a broad range of verbally anchored and related skills. Basic conceptual strengths can be applied to a wide variety of interests and skills.

The following principles of children's cognitive development are suggested:

- Children learn about the world through interaction with those who understand more than they do.
- Interaction is taking turns with a child, or supporting children taking turns with each other.
- Interaction must match the child's level and be in synchrony or attunement with the child's level of action, pace of action and length of focus.

- Varying the adult turn slightly helps the child adapt.
- Promote children's development in a wide range of focus areas. Where emphasis is placed, development will occur.
- Generalization of skills must occur through giving opportunity, not just by chance.
- Areas to promote include language, gross motor, fine motor, problem solving, social skill, emotional self-regulation and behaviour.
- Keep records of development and change in each area to determine strengths and weaknesses.
- Ensure that all those who can promote a child's development know what the child can do so they can support skills and promote the next step.
- Keep records that can be easily shared and tracked (a child's binder, library book pockets with file cards, envelopes, charts with children's names and/or pictures, etc.)

Language is the key to conceptual development. All complex activities are coded in the language centres of the brain to allow for expedient rule-governed activity. Therefore, early development of language is critical to later thinking skills.

Language stimulation occurs effectively when taking verbal turns with a child. Watch for what they are interested in at the moment (object or action). Label it using a single word: noun, verb, adjective, referential, social. Ensure through your action that you clearly demonstrate the object or idea you are labelling. Use the word in a sentence during a turn so the child can see where it fits. Use the word alone again. Label things from all aspects of a child's experience (during play, care taking and excursions). Watch for areas in which to add labels. Watch for the child's response through increased looking (interest), looking away (ending the topic), sound production (a verbal turn), imitation, using words, phrases and ideas. Imitate any sounds or word attempts to acknowledge that you heard, and then feel free to label as part of your turn to signal the child's turn again. Your turn needs to help the child see an appropriate model at his or her level of production, and then where he or she could go next. Turns can include elaborations to model the next stage: (one word →two words, e.g. ball →ball down: up →up stairs). Begin with nouns and action words, add social words and adjectives as part of the name of objects to distinguish them from other similar objects or to describe. Introduce two-word combinations when the child understands single words, and phrases when the child understands two-word combinations. Understanding precedes use by about 1 to 3 months. Making interaction fun and playful promotes learning. Children learn best through play.

To support independence and problem solving, set up the environment so children can achieve their goal. Movement skills can be assisted when we support children through providing a centre of gravity so they can learn to achieve a movement with support before trying it independently. Fine motor skills can be promoted by setting out materials so the relationship is clear and items are positioned to be easily managed by the child.

Problem-solving activities can be promoted by setting up the environment to provide new variations based on an activity the child can already do. Behavioural self-regulation can occur when we engage a child at his or her pace and activity level through turn taking, shifting the child's attention to the interaction and the goal. Emotional self-regulation occurs when we help children to regain composure when upset and engage with the world when they are hesitant, with just enough change to support their present feelings and help to shift. Pace and intensity can be modulated by subtle shifts by the caregiver. Reciprocity promotes the establishment of commonly understood goals and methods.

Turn taking appears to promote independence in children. Based on what the child can do, design activities to promote the next skill level. Always acknowledge through your turns that you recognize the level of competence the child has achieved. Expect unevenness among areas of development related to maturation, interests and environment.

Conclusion

Many theorists consider that children do not reach their potential. The research demonstrates that with only a short time of focused interaction a day, major advances which persist can be made to children's cognition.

Sources

Fowler, William (1990, 1995) *Talking from Infancy*. Cambridge, Mass.: Centre for Early Learning and Child Care.

Fowler, William (1983) *Potentials of Childhood*. Vols. 1, 2. Lexington, Mass.: Lexington Books.

Fowler, William (1980) *Curriculum and Assessment Guides for Infant and Child Care*. Boston: Allyn and Bacon.

Fowler, William (1980) *Infant and Care: and Approach to Education in Group Settings*. Boston: Allyn and Bacon.

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C – 6

Family Day Care Training

A Research and Development Project

by Lee Dunster and Andrew Taylor

Introduction

The Family Day Care Training Project began in fall 1996 with an informal discussion by a small group of individuals about caregiver training needs. By January 1997, six provincial family daycare associations, two national associations and a Canadian university had formed a partnership to undertake Phase One of the Family Day Care Training Project. Phase One, the research phase of the project, was completed in March 1998. Phase Two, the development phase, commenced in April 1998 and will conclude in March 2000.

This project represents important firsts in family child care in Canada. It is the first time that organizations representing both regulated and unregulated home child care have had the opportunity to work together at a national level. It is also the first time that work has been undertaken at a national level to identify and seek to address the training needs of family child care providers in Canada.

From the project's inception, the sponsoring organizations were committed to ensuring that the project was national in scope, involved key provincial and national organizations and, most importantly, involved caregivers directly in every possible way.

Phase One

Phase One, completed in March 1998, comprised the research phase. It allowed us to:

- bring together, synthesize and critically analyze what we have and what we know about caregiver training;
- identify gaps in training resources and training programs;

- identify effective methods of delivery, guiding principles and core content for caregiver training; and
- identify mechanisms to ensure that all caregivers and communities have access to training that is flexible, innovative and appropriate to individual and community needs.

How We Defined Training

Very early in the research planning stages, the steering committee and research team identified an issue that could prove problematic. Training can and does take many shapes and forms, and it was important that we define as clearly as possible how we, for the purposes of this research, were defining training. Throughout this project, we have received strong support for the definition we arrived at from caregivers, trainers, researchers and government representatives:

> *Training includes any opportunity provided to caregivers to learn new skills or enhance existing skills, or to learn information that builds caregivers' competence, self-confidence, personal empowerment or network of support. We see training as an ongoing process of professional development or lifelong learning. By this definition, training and learning opportunities include a range of activities such as home visits, written or audiovisual resource materials, mentoring, workshops and certificate courses.*

How We Sought Information

During Phase One, we conducted focus groups across the country and spoke with 145 family child care providers. Through additional focus groups and key informant interviews, we also spoke with more than 150 policymakers, trainers, researchers, advocates and parents who use family child care. The in-depth qualitative data were complemented by a national survey of 258 organizations that offer training opportunities to caregivers. A synthesis of our research findings was developed and widely distributed. The research phase culminated in a national symposium which brought together 60 key people in the family child care and the broader child care community to share and build on our findings from the research phase and determine future directions.

Phase Two

The Issues

Phase One of this project confirmed what we thought to be the most fundamental barrier to caregivers in accessing training. There is relatively little training *available* in most of Canada, especially for those who are among the majority of caregivers who do not work within the

regulated sector. Even when training has been made available, caregivers are often unable to access it. Caregivers report limited time, energy and financial resources as important barriers to accessing training. Programs and organizations offering training also frequently reported distance, scheduling conflicts and the lack of training resources and qualified trainers as well as limited resources to promote training opportunities as barriers. All these are clearly important barriers that must be addressed.

Yet, it is apparent from our research that solutions to these practical barriers must be partnered with action on more fundamental issues. Caregivers did not simply tell us that training needs to be available and inexpensive. They want training opportunities that demonstrate both respect for their profession and an understanding of the meaning of quality care in the same ways they do—training opportunities that allow them to network with their peers, reflect and build on their knowledge and experience, provide them with better returns on their investment of money, time and energy, and lead to some recognition within the child care community and the broader community.

Our findings made it clear that there is a need for a training program that:

- can be delivered in a variety of ways, and is responsive to individual learning styles and needs and to community needs;
- builds on caregivers' existing knowledge and experience and recognizes the unique and specific responsibilities of caregivers' work;
- allows caregivers opportunities to network with their peers;
- involves caregivers in development and delivery; and
- is recognized by their peers and the broader community.

There is also a need for training to prepare experienced, knowledgeable caregivers and program staff to take on the role of trainers. In addition, there is a need to build on existing partnerships and forge new partnerships among educational institutions, organizations and associations involved in caregiver training or those with the potential to become involved in caregiver training.

Where Do We Go from Here?

We have now entered the development phase of the project where we intend to develop a family child care training program, a comprehensive resource that:

- covers the basic information and skills necessary to provide quality care in a way that is practical and relevant;
- meets the needs of caregivers in Canada;
- is adaptable and responsive to individual and community needs;

- includes learner needs assessment and prior learning assessment;
- is modular, each module covering a key training area. The module may include detailed content, learning outcomes, examples, exercises, lists of other resources and evaluation tools;
- includes tools to promote implementation through a variety of training models (e.g. distance education, small group, classroom);
- includes train-the-trainer tools;
- is consistent with the Standards of Practice developed through the Partners in Quality Project;
- is consistent with the Guiding Principles for Family Day Care Training;
- is based on the content that emerged from Phase One;
- is developed by the family daycare community using a consensus-building process; and
- can be further expanded in the future for specialized or advanced training.

Guiding Principles for Caregiver Training

Part of the purpose of this project is to develop a framework that will help all those involved in developing and delivering caregiver training to maintain a clear understanding of how they can help caregivers, and in turn how they can improve the quality of family daycare. While content guidelines and suggestions for delivery strategies and overcoming barriers to participation are a significant part of our work, it is necessary to go beyond that. To meet caregiver and community needs and to maximize the potential that training opportunities provide, we have begun the important work of developing Guiding Principles for Family Day Care Training.

Truly a collaborative effort and a living document, our guiding principles were first developed by the steering committee based on the research findings, further refined at the national symposium, and broadly distributed to the family child care community through our *Training Connection* newsletter for feedback and input. We encourage you to review these principles and provide feedback to us on your views.

1. All caregivers must have access to high quality learning opportunities that are affordable and appropriate to their needs and that enable them to provide quality care to children.

2. Training must be broadly defined to meet the needs of caregivers, incorporate best practices in adult education, recognize and build on caregivers' knowledge and experience, and include a range of learning opportunities responsive to the needs of the individual learner.

3. Training must support and enhance the caring, nurturing role of the caregiver.

4. Training must provide opportunities for networking and mutual support.

5. Training must be responsive to community needs, reflect the diversity of the communities served and be inclusive of natural community partnerships.

6. Training must provide opportunities for caregivers to play an active role in the development and implementation of training programs.

7. Training must provide mechanisms for individuals to assess their learning and must provide recognition for achievement.

8. Training must include evaluation of the training program's effectiveness.

9. Training must provide a vehicle to develop the skills necessary to work toward strengthened professional identity.

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C-7

Partners in Quality

by Gillian Doherty, Dianne Bascombe, Karen Charlton and Jane Hewes

Overview

Partners in Quality is a research and development project sponsored by the Canadian Child Care Federation (CCCF) and its provincial and territorial affiliate organizations. It has three primary objectives:

- to explore how child care providers, parents and other stakeholders can work together to support and improve quality in child care;
- to explore and identify ways to supplement the traditional approaches to supporting and encouraging quality, such as regulation; and
- to identify and develop resources that encourage and support caregivers in their efforts to enhance child care quality.

The project started with an in-depth review of existing North American and European literature on supporting and fostering child care quality. Three major messages emerged:

- while regulations are necessary and important for supporting and encouraging quality, they are not sufficient;
- there are multiple stakeholders who have multiple perspectives on quality in child care; and
- quality is more likely when a variety of approaches are used to encourage and support it.

Regulations as a Method of Encouraging Quality

The important role that regulations have in the promotion of quality was confirmed by the literature review. However, as illustrated by two large studies, regulation is not sufficient. The first study, which involved four states and 736 classrooms (Helburn, 1995), found that the regulatable elements of quality when grouped together accounted for less than 50 percent of the variation in scores on the Infant/Toddler Environment Rating Scale (ITERS) or the Early Childhood Environment Rating Scale (ECERS). In Ontario, a study of 175 centres illustrates

that being licensed in a jurisdiction with relatively high requirements does not ensure a program that supports and enhances children's development. Nearly 10 percent of the infant/toddler rooms obtained a score below 4.0 on the ITERS. This signifies custodial care with few learning opportunities. An additional 15 percent of the infant/toddler rooms obtained a score between 4.0 and 4.9, less than the cutoff between mediocre and good care. Preschool rooms fared worse. A score below 4.0 occurred in nearly 8 percent of the rooms, an additional 28 percent got a score between 4.0 and 4.9. Thus, 36 percent of the preschool rooms failed to meet the requirements for good quality (Doherty & Stuart, 1996).

Different Stakeholders: Different Perspectives

Following the European lead, North American child care literature indicates a growing awareness that different stakeholders and different communities have differing needs and perspectives (see, for example, Katz, 1993; Cohen & Pompa, 1994; Larner & Phillips, 1994; Phillips, 1996). Different countries have different goals for child care. These result in differing perceptions of desirable outcomes and therefore differing perspectives on what is quality and how it is attained. Within a given country, stakeholders will share some common perspectives on quality but there will also be differences. Experts tend to be interested in the development of children in general, so seek "rules" to apply to all children. Parents tend to focus on the needs of their child, whether they be developmental or cultural, and practical considerations to meet family needs. The child wants to feel welcome and safe and to have fun. The community is a stakeholder with an interest in ensuring that its values, beliefs and needs are being reflected and supported. Care providers' perspective on quality includes addressing their need for adequate wages and working conditions.

Various Approaches to Supporting and Encouraging Quality

As noted above, regulation is an important mechanism for encouraging quality but it is not sufficient. The research literature provides some indication of other approaches that can supplement regulations. For example:

- support services for family child care providers have a positive impact on their interactions with children and on their provision of developmentally appropriate activities (Fosburg, 1981; Fischer & Eheart, 1991; Rosenthall, 1991);
- participating in a self-reflective process increases care provider sensitivity with children and also their provision of developmentally appropriate activities (Howes & Galinsky, 1995);
- centres with higher levels of parent involvement obtain higher scores on the ITERS and ECERS (Howes, 1986; Friesen, 1992); and
- caregivers who earn salaries at the lower end of the wage continuum are more likely to be dissatisfied with their job and harsh in their interactions with children (Whitebook, Howes & Phillips, 1990). The relative salary level of care providers in centres predicts the overall quality of the program (Whitebook, Howes & Phillips, 1990; Helburn, 1995).

The European literature emphasizes the importance of community involvement, a theme that has also emerged in North America in the past decade (see, for example, Moss, 1994; New, 1997).

Promoting Dialogue and Action Among Stakeholders

Recognizing and respecting the validity of multiple perspectives on quality requires the promotion of dialogue and dynamic interaction among stakeholders. However, dialogue alone is not sufficient; mechanisms for reaching agreement and making decisions are also required.

The Partners in Quality steering committee examined a number of possible ways to promote dialogue among the many stakeholders at the national, provincial/territorial and local levels. Eventually, we decided that a pilot project involving 10 communities across Canada would be a good way to start. This approach was seen as encouraging local dialogue and also, through linking the 10 pilot communities, providing a mechanism for national information sharing and debate. We also decided to frame "quality care" in its broadest sense to include home, neighbourhood, early childhood programs, centre-based child care, family child care and recreation programs.

Each of the 10 communities was selected from responses to a survey or through being identified by a provincial or territorial affiliate organization as having specific individuals and/or network groups already interested in children and quality care. A cross section of people from different stakeholder groups were invited to a one-day meeting in their community to discuss what they value for young children and what local resources already exist. The participants were also asked to develop a "do-able" action plan to support and enhance quality in children's environments in their community. The progress of the 10 action plans has been followed through regular telephone conversations between the project facilitators for each meeting and a community contact person. A newsletter circulated among the communities has provided a vehicle for information sharing.

We see this community dialogue as an ongoing process and hope to add more communities to the 10 pilots. Currently, the pilot communities are in differing stages of network development. In some communities, the facilitated dialogue has galvanized action, renewed commitment and revived enthusiasm. In other cases, the process has been a first step in initiating contact among partners that have never collaborated before. Child care programs and providers have been enthusiastic about involving a broad range of stakeholders with a broad range of views. However, there continue to be barriers to collective dialogue and action. There are key stakeholders who are still not at the table, particularly people from the business and the education sectors. Strategies must be developed to bring these people into the process. It is also very clear that ongoing resources are needed to support the collaboration and to continue to bring people together after the initial meeting. We plan to

disseminate what we have learned through the pilot community process so that others can build on it to develop dialogue in their own communities.

There seems to be consensus within the communities we are working with regarding what is valued for their young children. The divergent opinions relate to identification of the best way to act on community values. The first step in bringing multiple stakeholders together for dialogue has been relatively successful. However, there is a need to continue to explore approaches that will result in agreement on strategies and decisions for action.

Our "Quality Assurance" Model

The Partners in Quality steering committee, in its struggle to move beyond yet build upon the traditional models for quality assurance, found itself challenged by the complexity of the task. As our guiding principle, we had adopted the child as the frame of reference—the centre of any model. The questions we struggled with were wide ranging. Where, by whom, and how is the child cared for? What is needed to provide care that supports both child and family? How can good practice be supported? What are the roles and relationships of various stakeholders? To assist us in our thinking around these issues, we developed a model of quality assurance to illustrate the diversity of players and their various roles.

The model identifies three major categories of stakeholders:

1. the child/family/community,

2. the field (including the workforce, training and professional development programs, and supporting organizations such as family resource programs); and

3. governments at the municipal, provincial/territorial and federal levels.

Each of these stakeholder groups has a variety of potential roles. We have started by focusing on the field and on identification and development of what we believe is crucial for its future development. Here we have identified three major issues:

DEFINITION: What is the work?
DEVELOPMENT: How can quality work be encouraged and supported?
DESIGNATION: How can quality work be recognized?

In each area, we have looked at the roles of the workforce, child care programs, and supporting organizations. The issues in the training community are currently being addressed by the Early Childhood Education Training Project (jointly sponsored by the Association of Canadian Community Colleges and the Canadian Child Care Federation). Our examination of

the workforce has focused on the individual. The examination of the services and supporting organizations focuses on the program or support service itself.

In "DEFINITION," which describes the work of child care, we have examined the competencies required to provide quality child care, standards of practice for both individual care providers and for programs (centres, family child care homes, family resource programs), codes of ethics and best practices. These all relate to the development and implementation of regulations and voluntary mechanisms for enhancing quality.

In the area of "DEVELOPMENT," we looked at some of the mechanisms that might be used to support care providers in quality practice. For individuals, our review included peer support, mentoring, self-assessment resources, and membership or affiliation with organizations, agencies and unions. Some of these mechanisms, and accreditation, were also explored for their potential in supporting programs.

We are now considering "DESIGNATION"—that is, mechanisms that recognize quality work. Wages and working conditions are a critical way to recognize work. In many jobs, higher wages are associated with professional designation. We are exploring some existing initiatives across Canada, for example, the certification of individuals in Nova Scotia and past work on legislative recognition that was done in Ontario. In so doing, we are keeping in mind the need to address and celebrate the unique and diverse aspects of the child care field.

Project Outcomes

The resources developed through the Partners in Quality project will target adults who care for children up to age 6 in all settings: centre-based, family child care, nursery schools and family resource centres.

So far we have developed a Code of Ethics, draft standards of practice for both individuals and programs, and draft self-examination tools for both centre- and home-based caregivers and for centre directors/family child care agency directors. These resources are currently going through a consultation phase. In addition, we intend to write a report on our experiences in trying to facilitate community dialogue in 10 communities. We hope to begin publishing these resources and the literature review papers in 1999.

References

Cohen, N.E. & Pompa, D. (1994) *Multicultural Perspectives on Quality in Early Care and Education: Culturally Specific Practices and Universal Outcomes*. New Haven, Conn: Quality 2000, Yale University.

Doherty, G. & Stuart, B. (1996) *A Profile of Quality in Canadian Child Care Centres*. Guelph: Department of Family Studies, University of Guelph.

Fischer, J.L. & Eheart, B.K. (1991) Family day care: a theoretical basis for improving quality. *Early Childhood Research Quarterly* 6(4): 549-63.

Fosburg, S. (1981) *Family Day Care in the United States. Final Report of the National Day Care Home Study.* Vol. 1. Cambridge, Mass.: Abt Associates.

Friesen, B.K. (1992) *A Sociological Examination of the Effects of Auspice on Day Care Quality.* Ph.D. dissertation. Calgary: Department of Sociology, University of Calgary.

Harms, T. & Clifford, R.M. (1980) *Early Childhood Environment Rating Scale.* New York: Teachers College Press.

Harms, T. & Clifford, R.M. (1989) *Family Day Care Rating Scale.* New York: Teachers College Press.

Helburn, S.W. (ed.). (1995) *Cost, Quality and Child Outcomes in Child Care Centres.* Denver: University of Colorado at Denver.

Howes, C. (1986) *Quality Indicators for Infant-Toddler Care.* Paper presented at the Annual Meeting of the American Educational Research Foundation. San Francisco. ED 273-385.

Howes, C. & Galinsky, E. (1995) Accreditation of Johnson and Johnson's Child Development Centre. In S. Bredekamp and B.A. Willer (eds.), *NAEYC Accreditation: A Decade of Learning and the Years Ahead,* 47-60.Washington, D.C.: NAEYC.

Katz, L. (1993) *Five Perspectives on Quality in Early Childhood Programs.* Perspectives from ERIC/EECE, A Monograph Series, No. 1. Urbana, Ill.: ERIC Clearing House on Elementary and Early Childhood Education.

Larner, M. & Phillips, D.A. (1994) Defining and valuing quality as a parent. In P. Moss and A. Pence (eds.), *Valuing Quality in Early Childhood Services,* 43-60. New York: Teachers College Press.

Moss, P. (1994) Defining quality: values, stakeholders and processes. In P. Moss and A. Pence (eds.), *Valuing Quality in Early Childhood Services,*1-9. New York: Teachers College Press.

New, R. (1997) Reggio Emilia's commitment to children and community: a reconceptualization of quality and DAP. *Canadian Children* Spring: 7-12.

Phillips, D. (1996) Reframing the Quality Issue. In S. Kagan & N. Cohen (eds.), *Reinventing Early Care and Education,* 43-64.San Francisco: Jossey-Bass.

Rosenthall, M.K. (1991) Behaviors and beliefs of caregivers in family day care. *Early Childhood Research Quarterly* 6(2): 263-283.

Whitebook, M., Howes, C., & Phillips, D. (1990) *Who Cares? Child Care Teachers and the Quality of Care in America.* Oakland, Calif.: Child Care Employee Project.

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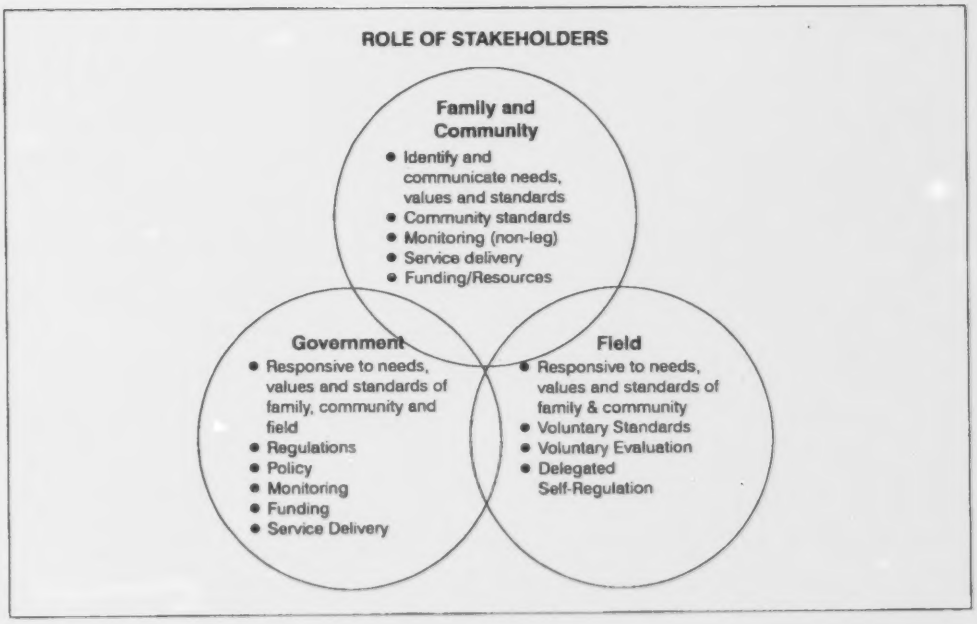

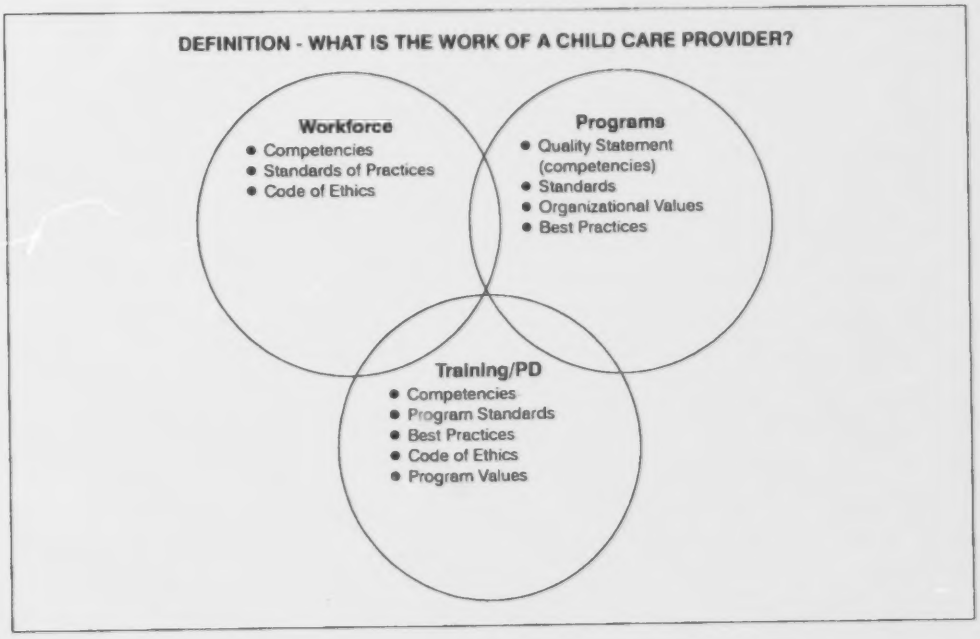

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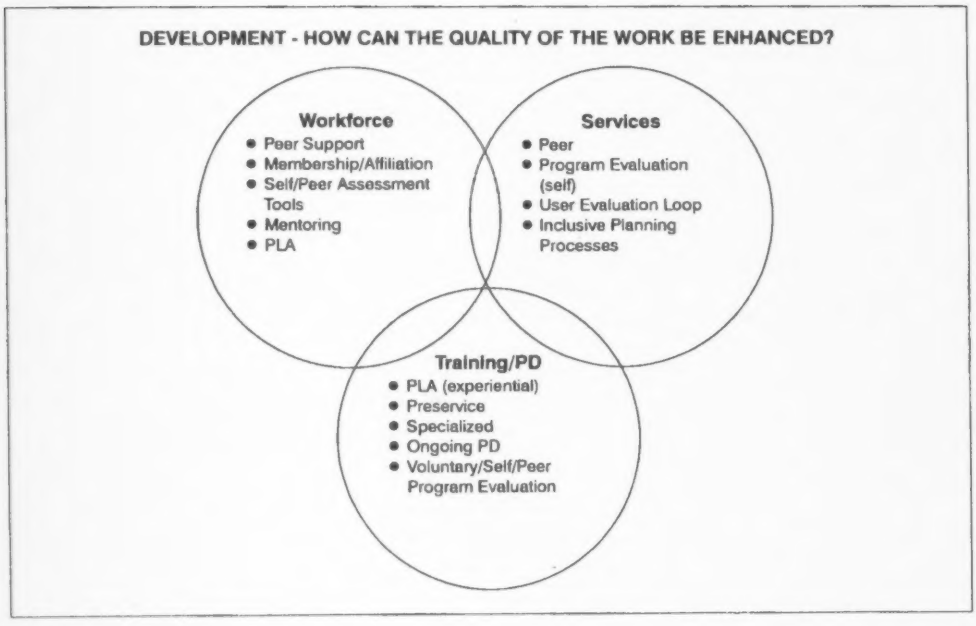

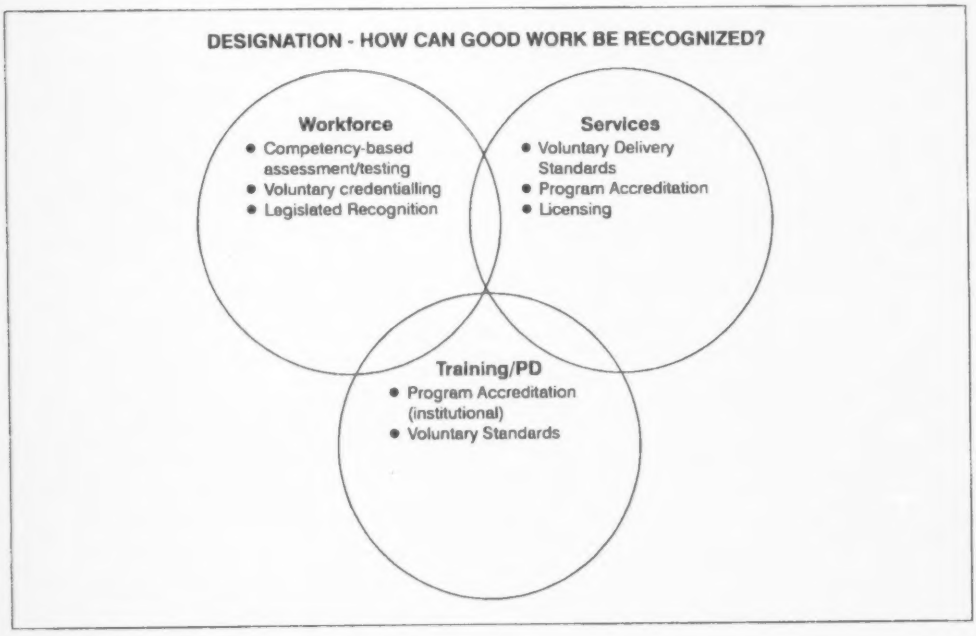

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Development of a First Nations Early Childhood Education Evaluation/Assessment Tool

["Presented as "Today's Learners/Tomorrow's Educators"]

by Dixie Lee van Raalte and Charlotte Francis

Introduction

In the past 10 years, through several initiatives, there have been a wide variety of programs developed and delivered for First Nations early childhood educators. Three basic models of development and delivery have evolved—those purchased by the communities for delivery, those adapted by communities for delivery by the community or postsecondary institution, and those completely developed and delivered by the communities.

In May 1995, a national conference on Aboriginal Early Childhood Education (ECE) training programs was held in Montreal. During this conference, it became apparent that the number of programs developed and delivered had increased and the need for the establishment of quality in child care provider and child care facilities was growing. It also became very clear that there was a need for a standardized self-evaluation tool that will give communities the opportunity to assess their progress.

Since that time, there have been no reports on how these communities have progressed with their training. Evaluations have not been developed or implemented in most of these communities. Nor has a standardized evaluation tool been developed that will effectively assess the development and delivery of these training programs. It is therefore important that

a First Nations ECE/Child Care Training Program Evaluation/Assessment Tool be developed, implemented and analyzed that will address these issues.

With this in mind, Mawiw Council Inc., an organization comprising the three largest First Nations communities in New Brunswick (Big Cove, Burnt Church and Tobique) submitted a proposal to Child Care Visions to do just that—develop and implement a self-evaluation tool for First Nations child care training programs. The Micmac/Maliseet Child Care Council (MMMCCC) would be involved by contracting its coordinator as a coordinator for the research project. The MMMCCC coordinator had written and submitted the original project proposal for Mawiw Council Inc. Also, the two organizations had worked in child care partnerships for more than 3 years.

Objectives

The objectives of the program are to:

- coordinate and implement a 3-day training institute that will bring together the Atlantic and Quebec First Nations Child Care Initiative Contribution agreement holders (and their partner training sponsors) that have been actively involved in development and delivery of First Nations ECE training programs;
- use the information gleaned from this institute to assist the researcher and joint working group in the development of the actual training evaluation and assessment tool;
- evaluate the developed training and evaluation tool for scope of assessment ability and projected outcome ability;
- implement the evaluation/assessment tool in a small sampling of First Nations communities in Atlantic Canada and Listuguj, Quebec;
- assess the training program content, learning environment and the variety of factors that have had an impact on both (i.e. jurisdictional issues, cultural influence, philosophy of program, criteria for entrance); and
- distribute the First Nations training evaluation/assessment tool to a wide variety of persons, communities, organizations, postsecondary institutions, private training institutions and government nationally, along with a summary report, quality checklist for Aboriginal ECE training, and recommendations to the federal government that will affect the future of First Nations early childhood education and training.

The project was approved in February 1998. A researcher was hired in March and a Joint Working Group was formed consisting of First Nations people and people from partnering colleges, universities or private training institutes which have, in some way, contributed to the development and delivery of early childhood education within the 15 First Nations in New Brunswick, the 13 First Nations in Nova Scotia, Miawpukek First Nation (Conne River) in

Newfoundland, Lennox Island First Nation in Prince Edward Island, and Llistuguj First Nation in Quebec.

Since the formation of the Joint Working Group, there have been three face-to-face meetings, including a 3-day training institute in Fredericton, many mailouts, faxes and telephone conversations.

We have developed the terms of reference, a philosophy/belief statement and outline of purpose for the Joint Working Group. We have also prepared and presented training profiles for the communities we represent, and have developed, reviewed, revised and implemented the self-evaluation ECE training assessment questionnaires in Atlantic Canada.

Categories and Criteria for Evaluation/Assessment Tool Questionnaires

There was considerable discussion on what needed to be included in the evaluation/assessment questionnaires. It was determined that a good starting point for establishing categories would be to first review the specific objective of this portion of the project—the development of any ECE self-evaluation tool for First Nations communities. It was also agreed that there would need to be customized questionnaires for each stakeholder (i.e. students, faculty, administration, community; and an overall universal questionnaire that all stakeholders would answer).

The following categories for the evaluation questionnaires were established with some direction from the Joint Working Group:

- **Content:** who was involved, what was the curriculum, theory and practice, resource materials (texts and videos, written, human), specialization, instructional hours
- **Learning Environment:** facility, faculty (appraisal by students), support, tutoring
- **Supports/Linkages:** community (resources, places, people), federal government, human resources, administrative components, financial components
- **Program Design:** who was involved, criteria for admission, exit requirements, various points of intake, delivery, methods of delivery, specialized areas, transfer of credits, professional certification implications;
- **Administration:** institutions, community, federal, program documentation (course outlines, etc);
- **Program Overview:** strengths, weaknesses, barriers (contextual factors), creativity (Was there room for it? Who did it? How was it accomplished?)
- **Professional and Personal Status:** employment, role modelling, self-confidence, self-esteem

Established Phases and Timelines

Today's Learners/Tomorrow's Educators is divided into four phases:

Phase I – Training institute, 3 days
Phase II – Development of evaluation tools
Phase III – Implementation and data collection, data analysis, data reduction
Phase IV – Final data summary report, quality checklist for First Nations ECE training and recommendations to government having implication for national training policies

Phase I

The 3-day training institute gave Joint Working Group members an opportunity to network and discuss their perspectives about early childhood education in general and in First Nations communities. Each member presented a "training profile" for his or her community and partnering institution. These profiles assisted all members in knowing what other communities had developed and delivered. It also gave them an opportunity to review and discuss similarities and differences within those training programs. The coordinator prepared "guiding questions" prior to the training profile submission and presentations so that there would be consistency in the information that Joint Working Group members reported.

By the end of Phase I, the following documents were produced:

- Terms of Reference for the Atlantic/Quebec Joint Working Group
- Philosophy/Belief Statement for the Joint Working Group
- Purpose Statement for the Joint Working Group and Project
- Timelines and Research Phases to guide the research process

Phase II

The development of the evaluation tool consisted of four main stakeholder questionnaires—administration, faculty, students and community—plus one universal questionnaire for all stakeholders. Also developed was an evaluation of the self-evaluation tool itself. The questionnaire responses would summarize how respondents felt about the various questionnaires as self-evaluation tools and suggest changes/deletions before national dissemination.

Each Joint Working Group member submitted questions to the project coordinator and researcher for use in the various questionnaires. The researcher and project writer/editor developed the questionnaires from the submitted suggestions and discussions from Joint Working Group meetings.

A series of "due dates" was developed by which Joint Working Group members could submit suggestions. Draft questionnaires for individual stakeholder groups were developed, sent back to Joint Working Group members for editing, comments, changes, etc., and back to the researcher, writer and coordinator for final writing.

By the end of July 1998, all questionnaires had been finalized. Each was a different colour to distinguish them and help in coding when they were returned.

Phase III (current phase as of this conference)

Conceivably, 31 First Nations communities could have participated in this project. There were actually 22 who were involved in, or which had a First Nations ECE training program. Out of these, 18 communities were represented at the table by the Joint Working Group members, the organizations they represented, or through representation by the postsecondary representative.

There were 211 questionnaires sent out to these 18 communities and their partnering institutions.

Questionnaires have not been coded by number; however, from the universal questionnaire, it is possible to know whether the person responding is a student, administrator, faculty member, etc., and from what training program. Respondents are not asked to give their names. Gender and ages are requested.

The researcher had hoped to receive all responses by October 10, 1998, but responses are still arriving. Project staff have made many follow-up calls in an attempt to obtain at least a 35 percent return rate.

In the meantime, the researcher has begun to code data and look at some preliminary findings. This person is currently listing the responses according to question, categorizing the responses and looking for patterns. Each questionnaire requires its own analysis. The full report is due to the coordinator and Joint Working Group members in mid-November, when they will discuss the findings, review the data collection analysis, and present their views on the writing process for the final data summary report.

Based on the universal questionnaires, it would appear that all stakeholders responding agree that ECE training is important to the individuals involved, as well as the overall community. However, these same groups believe that the program needs to be more culturally centred—to include more culture and philosophies than the programs currently do.

"Lack of native culture" appears to be listed as a foremost disadvantage of the various programs. This could be a result of different factors: inability/unwillingness of instructors to include Native experiences in the course; location of course (courses and practicums that are off-reserve do not promote Native culture as much as those that are on-reserve).

Lack of adequate funding is another area where it seems problems exist, particularly from the perspective of the students and administration. Funding in terms of materials, living allowances and travel allowances appear to be the areas where improvement is necessary.

Phase IV

Once all the data have been collected, analyzed and reported, the Joint Working Group members plan to develop, from this information and other supportive documents, a "Quality Checklist for First Nations Child Care Training." If communities and postsecondary institutions had a checklist of items that have been found to be quality guidelines for training from people who have developed and delivered programs, more programs of quality may be developed and delivered.

The project hopes to gain the answers to the following questions:

- "What are the ingredients in a quality First Nations ECE program and its delivery?"
- "How is quality defined by First Nations people who are developing and delivering their own training programs to early childhood educators?"
- "Is that quality any different in First Nations development than in dominant society ECE training programs?"

Once the quality checklist has been compiled, the next step will be to document specific recommendations and suggestions that will have implications for future national policy in First Nations training issues.

Successes and Barriers

The Joint Working Group members are the true strength of the project. The members bring with them a wealth and diversity of experience and backgrounds which help to contribute to the richness of discussion and final products of this project.

The late start of hiring a person for the research position caused unnecessary delays, additional hirings (subcontractors), lower fees for coordinator and researcher (to pay subcontractors) and many hours of lost time which the coordinator and Joint Working Group had to "make up" by assuming roles and responsibilities that should have been those of the researcher.

The lack of respect shown by Mawiw to exclude the coordinator or any Joint Working Group members as part of the research hiring committee has been viewed as another weakness. These persons understood the project best and knew what the job responsibilities were for this contract position.

Summary

By this time next year, the project will have ended and many people throughout Canada will be reading and using our materials. If the products are received half as well as we think they are going to be, we will be pleased. We will have gained something that in March 1998 we did not have—a First Nations ECE/Training Evaluation Tool—which will begin to help us see what First Nations communities have in training and what they really want.

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You Bet I Care!

by Gillian Doherty, Annette La Grange, Hillel Goelman, Donna Lero and Jocelyne Tougas

Description

You Bet I Care! is a three-phase project being funded by Human Resources Development Canada (HRDC) and sponsored by the universities of British Columbia, Calgary and Guelph. Phase one is a replication of the 1991 Canada-wide survey on wages, working conditions and practices in child care centres (Canadian Child Care Federation and Canadian Day Care Advocacy Association, 1992). The replication is based on the questionnaires used in 1991. However, these questionnaires have been expanded to permit more in-depth exploration of issues such as the organizational climate in the centre and inclusionary practices. Phase one began in November 1997 and is to submit a report to HRDC in August, 1999.

Phase two involves collecting the same data as collected in Phase one, plus on-site observations in the participating centres and an interview with the teacher observed. The observers are using the Infant/Toddler Environment Rating Scale (Harms, Cryer and Clifford, 1990) or the revised Early Childhood Environment Rating Scale (Harms, Clifford and Cryer, 1998), the Arnett Caregiver Interaction Scale (Arnett, 1989), and an observation scale to explore inclusionary practices that was designed for this study. Phase two involves 40 centres in six provinces and 14 in Yukon. Data collection for Phase two began in October 1998.

Phase three will involve collecting comparable, though not identical, compensation levels and working conditions information to that collected in phase two, on-site observation, and an interview with the care provider. This will be done in the same seven jurisdictions used for Phase two. Identification and development of the instruments to be used in Phase three began in October 1998. Data collection will begin in late March, 1999. The final report for Phases two and three is due by March 31, 2000.

Phase One Questionnaires

There are three questionnaires:

The centre survey: This survey seeks information about the children served, centre hours of operation, sources of funding, salaries and benefits, staff turnover, and recent changes in policies and practices.

The director questionnaire: This seeks information about the individual's child care experience, educational background, feelings about the field and their centre, engagement in other paid work, personal background and perception of the most pressing problems facing their centre and the child care field.

The staff questionnaire: This questionnaire, to be completed by teachers, seeks similar information to that sought by the director's questionnaire.

Phase One Sample

Phase one of You Bet I Care! focused on centres providing full-day care for children from birth to 6 years of age. Questionnaires were sent to a stratified random sample of 1805 centres. These were chosen from a potential pool of 4699 centres and included centres from each of the three possible auspice types—municipally operated (Ontario only), other non-profit, and commercial—and from every province and both territories.

Table 1

Number of Centres Sampled Across Canada and Percentage of Centres Responding Within Each Auspice

Auspice	Sent	Returned	Response rate (%)
Municipal	40	24	60.0
Other non-profit	967	531	54.9
Commercial	798	293	36.7
TOTAL	1805	848	47.0

The 47.0 percent return rate for centres is slightly lower than the Canada-wide return rate of 52 percent obtained in 1991. However, the actual number of participating centres, 848, is higher than the 502 centres that participated in *Caring for a Living*. In 1998, municipally operated centres represented 2.8 percent of the participating centres, other non-profit centres represented 62.6 percent and commercial centres represented 34.6 percent.

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Questionnaires were returned by 4164 teachers (in comparison to 2383 in the *Caring for a Living* study).

Phase One Findings

The findings reported are preliminary and must be understood to be so. At the time of the conference presentation, we were still in the final stages of cleaning the data set. In all cases, the findings cited refer to Canada-wide data. Variation is expected across the provinces and territories.

Characteristics of the Children Served

Responding centres are providing care for a large proportion of children who are likely to need extra attention. Seventy-five percent of the participating centres responded to the centre survey questions about the language spoken at home by the children and the number of children who have special needs. Of these centres, 49.9 percent had at least one child whose first language was neither French nor English and 57.7 percent had at least one child with special needs enrolled on a full-time basis.

Characteristics of the Daily Work

Eighty-eight percent of teachers reported that they work on a regular basis with a specific age group. In addition to the skills required to care for children who are learning a second language or who have a special need, teachers need to be good at multitasking. Respondents reported that while caring for children they simultaneously supervised other staff or practicum students about 24 percent of the time, planned and prepared activities about 21 percent of the time, and engaged in meal/snack preparation and clean-up about 20 percent of the time.

Wages

Table 2

Median Gross Hourly Wage, Highest and Lowest Paid Full-time Person in Each Position

Position	Highest Hourly Rate	Lowest Hourly Rate
Assistant teacher	$9.52	$8.00
Teacher or supervisor	$11.85	$9.90
Teacher-director or head supervisor	$14.25	$13.34
Administrative director	$17.22	$16.60

Note: These findings are preliminary. Finalization of database cleaning may result in changes.

In the final report, these salary levels will be presented in the context of the wages earned by other types of workers.

Likelihood That Teachers Will Remain in the Child Care Field

Nearly seventy-eight percent of the respondents had worked in the child care field for 3 years or more. Only 5.7 percent had been employed in child care for less than a year. As indicated by Table 3, a higher percentage of teachers than in 1991 expected to be employed in child care in 3 years, but a lower percentage reported that they would choose child care as a career now.

Table 3

Percentage of Teachers Expecting to Work in Child Care in 3 Years and Percentage of Staff Who Would Choose Child Care as a Career Now

	1991 Respondents (N = 2383) %	1998 Respondents (N = 4164) %
Do you expect to be working in the field of child care in 3 years' time? Response - yes	69.2	74.9
If you were choosing a career now, would you choose child care? Response - yes	62.4	42.9

***Note:** These findings are preliminary. Finalization of database cleaning may result in changes.*

The high proportion of respondents indicating that they would not choose child care as a career now is of concern. We hope that further data analysis will help us to tease out what may be contributing to this finding. We also want to further explore the puzzling discrepancy between the number of people expecting to be in the field in 3 years' time in spite of a large percentage that would not choose child care as a career now. For example, does a high unemployment rate in a given jurisdiction increase the likelihood of expecting to remain in the field even if not happy with wages and working conditions. Age and educational background may also influence whether a respondent would choose child care as a career now.

The Most Pressing Problems in Centres

Centre directors reported that the most pressing problems facing their centre in the past year were:

- lack of financial stability (39.1% of respondents);
- staff salaries/benefits, the long hours worked by staff, and unpaid overtime (26.7% of respondents);

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- low enrolment (23.3% of respondents). Additional analysis of other questions in the centre survey may help to tease out the possible reason for low enrolment (e.g. whether low enrolment reflects the lack of availability of fee subsidy or centre hours which do not meet the need of parents doing shift work);
- the quality and training of staff (20.9% of respondents);
- government funding—level and/or stability (20.1% of respondents);
- staffing issues such as low morale, burnout, poor communication (19.3% of respondents); and
- organizational issues such as the number of children per teacher (19.1% of respondents).

Directors also reported on the use of part-time teachers and time-limited contracts for teachers. As indicated by Table 4, this is reported to have increased in the past 3 years.

Table 4

Use of Part-time Teachers and Time-limited Contracts

	Percent of Centres Reporting It Had Increased in the Past 3 Years (%)	Percent of Centres Reporting It Had Decreased in the Past 3 Years (%)	Percent of Centres Reporting It Had Remained the Same (%)
Use of part-time teachers	27.0	5.5	67.5
Use of teachers on time-limited contracts	20.2	1.1	78.7

Again, Table 4 represents preliminary data that need to be interpreted in context. For example, is the increased use of part-time teachers simply a reflection of an increase in the number of school-age programs or does it reflect use of part-timers as a way of reducing costs associated with employee benefits (since part-timers are less likely to receive benefits than people working full time)? Similarly, interpretation of the increased use of teachers on time-limited contracts requires further data analysis. The bald frequency data are of concern since they suggest that many teachers face the stress and insecurity associated with not having a permanent position. This stress may influence the quality of their interaction with children.

Next Steps

The findings presented at the conference represented preliminary data based on weighted frequencies at a national level. As such, they raise many questions which we cannot begin to address without further data analysis and examination of the findings in the broader context of provincial/territorial policies, regulations and economic climates. We expect being able to begin to situate the findings in their ecological context, and to propose hypotheses to explain some of the findings, in the final report.

References

Canadian Child Care Federation & Canadian Day Care Advocacy Association (1992) *Caring for a Living*. Ottawa: Canadian Child Care Federation.

Harms, T., Cryer, D., & Clifford, R.M. (1990) *Infant/Toddler Environment Rating Scale*. New York: Teachers College Press.

Harms, T., Clifford, R.M., & Cryer, D. (1998) *Early Childhood Environment Rating Scale, revised edition*. New York: Teachers College Press.

Arnett, J. (1989) Caregivers in day-care centres: does training matter? *Journal of Applied Developmental Psychology* 10: 541-52.

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Caregivers' Attitudes and Experiences

Related to the Inclusion of Children with Special Needs in Canadian Child Care Centres

by Donna S. Lero, Sharon Hope Irwin and Kathleen Brophy

Introduction

Like other research presented at this forum, we believe that this collaborative, national project:

- allows us to celebrate achievements and identify areas of strength in Canadian child care programs;
- challenges us to consider ways that child care practice can be improved; and
- heightens our concern about the vulnerability of high quality child care services—in this case, specifically in reference to the effective inclusion of children with special needs, given lack of stable and adequate funding and other supports.

Our Goal

This project builds on an earlier study of attitudes toward inclusion conducted by SpeciaLink in 1989-1990. The ultimate goal of our study is to develop an in-depth understanding of the ecology of inclusive child care in Canada—and to use that knowledge to promote more effective inclusion on a daily basis.

Theoretical Framework

This study uses an ecological model that considers the human environment and resources within individual centres as a primary focus, as well as community and policy/funding contexts as critical for understanding how inclusive practice is constructed. We also used multiple perspectives to understand what is most important to front-line early childhood educators and in-house resource teachers (RTs) in their daily experience; what is most important for program directors; and what external (travelling) resource consultants see as factors that differentiate highly successful programs from others. We also collected information from key informants about the changing policy context emerging across the country as governments consider ways to support inclusion and early intervention with limited financial resources. The multiple windows and multiple objectives in this project resulted in a relatively large study, and data analysis is still ongoing.

Methods and Participants

The study is a survey of inclusive practices in a reference sample of Canadian child care programs. Separate questionnaires were developed in English and French for front-line early childhood educators, in-house RTs, centre directors, and itinerant resource teachers and consultants.

The sample was obtained by using the original list of centres and staff that participated in 1989-1990, with replacements added when participants had left their original centre. Thus, this study is based on a selected sample of staff and programs that have been involved in providing inclusive child care for at least 6 or 7 years. They are not a statistically random sample and probably illustrate a best-case situation of inclusive practice.

Responses were obtained from 136 centre directors and 124 front-line staff (66 early childhood educators and 58 in-house RTs), plus an additional sample of 23 itinerant RTs. The high response rate (75.4%) attests to the commitment of child care professionals to this issue and to their work.

Centres ranged from small programs to relatively large centres. Approximately 8 percent were specialized centres (with both typically developing children and children with extra support needs), 47 percent were "regular" child care programs, and 45 percent were designated as integrated or eligible for contracts to include children with special needs. Centres in the specialized and designated categories tended to be more likely to have in-house RTs or support workers as part of their staff. In addition to children with identified special needs who qualify for additional support, almost 70 percent of centres have children enrolled

who do not speak English or French as a first language or are considered to be "at risk" due to poverty or family problems.

Study Findings

In summary, what we have learned thus far supports the value of taking a multilayered approach. Our findings confirm that successful inclusion requires at its base a solid foundation that can be described as quality child care. It is important that these front-line staff work as a stable, supportive team within their programs, and are, in turn, encouraged by a director who is committed to inclusion and to ensuring that staff are well resourced to meet this goal. This can be done only if programs have adequate resources: in many cases an in-house RT adds greatly to the staff complement within centres. Effective support from external professionals is also important, and the policy and funding context that affects child care programs directly, as well as their access to these resources, are critical factors.

We found that child care staff at all levels are highly committed to inclusion and participate in a variety of professional development opportunities. Most child care providers say that with more experience, and particularly more positive experiences with inclusion, they are even more committed, willing to accommodate a broader range of children, and more comfortable in their work with children with special needs. A key finding is that attitudinal commitment to inclusion is strong among Canadian child care professionals. However, centre staff also face significant challenges—and even the most motivated caregivers cannot continue to work effectively when resources are not in place to support them. Our findings suggest that staff in many of the programs surveyed in 1996-97 were reaching the point at which effective inclusion was or soon could be jeopardized—leading us to conclude that supports to sustain effective inclusion are a matter of urgency.

Some Specific Findings

Education and Training: These early childhood educators and in-house RTs were relatively experienced and reasonably well educated: 55 percent had worked for 10 or more years in the child care field; only 13 percent had neither a diploma nor a degree. RTs were more likely to have a certificate related to children with special needs. Interestingly, only 38 percent of early childhood educators and RTs said they felt that early childhood education (ECE) training had provided a good background for front-line ECE staff for their work in inclusive settings. The vast majority of front-line staff (and directors) had attended conference sessions or workshops related to inclusion since 1990 and continue to seek ways to learn through such vehicles.

Commitment to Inclusion, Attitudes to Inclusion: As a group, front-line staff and directors are strongly committed to inclusion. Most agreed or strongly agreed that children with a range

of disabilities and health conditions should be included in regular community-based child care programs and most commented that doing so requires adequate resources.

The majority of all three groups (50% of directors, 64% of early childhood educators and 72% of RTs) said they had become more committed to inclusion in the last 3 years. Staff with more specialized training and greater responsibility for making inclusion work are vocal advocates for inclusion. Similarly, the majority of all three groups have become more accepting of a broader range of children with disabilities and health conditions. Most importantly, 61 percent of directors, 82 percent of early childhood educators and 71 percent of RTs said they had become more comfortable working with children with special needs, most often because of positive experiences.

Experiences Working with Children with Special Needs: Front-line staff reported considerable success in working with a wide range of children in full-day programs and half-day preschools. Teachers say they were most successful in effecting change in children's socialization and social skills, communication and language use, motor development and self-help skills, and emotional development. Teachers said what was most important for enabling them to be successful was:

- support from resource teachers and consultants 66%
- external therapists 64%
- emotional support and assistance from co-workers 57%
- training and workshops related to inclusion 55%
- assistance and support from parents of children with special needs 47%

What Has Changed for Front-line Staff: In addition to becoming more committed to inclusion and more comfortable, early childhood educators and in-house RTs reported an increase or improvement in:

- their competencies and knowledge base in this area 77%
- the complexity of children's special needs they handle 45%
- effectiveness of centre staff working together as a team 42%

However, front-line staff reported much less improvement in:

- availability and involvement of RTs, integration workers and others 31%
- time for planning, consulting, working with parents 23%

Enablers and Frustrators: Almost two thirds of directors reported that their centre had become more inclusive or more effective in including children with special needs since 1990. Most important enablers for programs were:

- accumulated experience in working with children who have special needs 73%
- assistance from other professionals 61%
- additional training related to inclusion 54%
- additional centre personnel 53%

At the same time, directors reported "some" or "serious" problems in maintaining their effectiveness due to:

- reduced general funding for child care programs in their province or territory 65%
- reduced funding or subsidies for children with special needs 58%
- reduced access to specialists 47%
- reduced availability of resource teachers or support workers 43%
- lower morale, increased turnover among teachers 42%
- fewer teaching staff 31%

External Perspectives: Travelling consultants reported that among the centres they visited, approximately one-third were extremely effective, one-third were doing a reasonable job, and one-third were struggling with their efforts to be inclusive. In their view, what most differentiated those centres that were extremely effective from others was:

- the director's leadership, sensitivity and commitment 92%
- the centre's capacity to benefit from other professionals' expertise 91%
- high morale, low turnover of centre staff 83%
- additional personnel in centre 74%
- trained, experienced centre teachers who have the opportunity to benefit from additional training 70%

Similarly, in centres that were struggling, consultants perceived the director to be ineffective as a leader and insensitive to staff needs; the centre lacked funds and personnel to support inclusion and staff were not adequately trained to meet children's needs; there was a lack of effective team work among centre staff and considerable stress as a result of additional workload and time demands, lack of support, and a resultant low level of morale and high rate of turnover.

Closing Comments

The results of our study are not unpredictable. They have clear implications for policy and practice. Despite the *Canadian Charter of Rights and Freedoms*, the UN Convention on the Rights of the Child, the widespread belief that children with special needs should have the

same opportunities as their non-disabled peers to participate in early childhood programs, and the obvious need for their parents to be able to be securely employed or continue their education, the inclusion of children with special needs remains discretionary in Canada. Discretion hinges on provincial budgets and commitment, and on the willingness of child care professionals to go further to ensure that all children are welcome and supported in community based programs. Our results indicate that, coupled with the strong commitment many child care staff feel toward inclusion, there must be a complementary array of factors that will support successful inclusion over the long term. This set of necessary conditions includes:

- appropriate, accessible training and workshops for directors and front-line staff that meet their unique needs;
- specific opportunities for directors to strengthen their skills in management and leadership, and deepen their ties with other community-based health and social services;
- ongoing additional resources (in the form of funding and personnel, including access to a range of specialists) to support inclusion in ways that strengthen team efforts within centres and build on staff strengths and motivation; and
- a policy framework with specific mechanisms in each province and territory that recognizes and strengthens the role of child care programs as places that can support all children's healthy development—including children with special needs and those at risk.

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Emergency Child Care Research Project

[Presented as "Researching the Impact of Emergency Child Care"]

by Susan L. Howe and Heather Swail

Introduction

The Short Term Child Care (STCC) program provides backup child care to children who are mildly ill or for whom care is temporarily unavailable. Care is available in the family home or (for well children) through licensed, home child care agencies and community daycare centres. Sixty percent of the backup care provided is for children who are mildly ill. Most of the care arrangements (approximately 90%) are provided in the family home. From 1995-96 to 1996-97, the service saw a growth of close to an 84 percent increase in utilization.

STCC is committed to providing high quality emergency child care services to children, their families and community organizations. Caregivers are recruited with experience in child care, early childhood education or related fields, and are trained and closely monitored by STCC staff. Since STCC's revival in 1995, parents have consistently reported high levels of satisfaction with the quality and efficiency of the service.

In 1998, STCC, a community-based, not-for-profit organization, heads into its fourth year of operation as facilitator and provider of emergency or backup child care to the members of the National Capital Region Emergency Child Care Consortium (NCRECC), a community-based consortium currently comprising six partner organizations from the public and private sectors, representing over 1000 families and their children.

The NCRECC is a first for Canada, representing not only a unique solution to meet the needs of Ottawa-Carleton families and organizations but an innovative and unique model for the

development and delivery of child care services. Incorporating a multistakeholder approach to the funding of the service, the consortium model acknowledges shared benefits and responsibilities for child care for a number of sectors, including business, labour and government. The consortium model also incorporates a commitment to high quality child care, flexibility and a focus on client service. The consortium and service are based on partnerships between the child care, public and private sectors, involving, for the first time for many, business and community partners in a child care service.

The innovative features of the model, founded on the formation of public-private partnerships to provide high quality child care services for working parents, has enabled STCC to secure graduated funding from the Trillium Foundation, 1995-99, two HRDC research grants and, recently, funding from the McConnell Foundation. Research is an identified priority for STCC, enabling the agency to improve its own service structure and delivery and to develop a knowledge base of best practices and quality standards which can be transferred to other services and communities. A progressive, working example of how public, private and community-based services can come together, STCC regards itself as a pioneer service which has a responsibility to encourage and enhance the development of other innovative, community-based child care models.

Current issues for STCC include:

- transition of the service from its 3-year pilot phase into its operational phase;
- service accessibility to the wider community;
- long-term viability of the service;
- expansion of the service within and outside the current partnership base; and
- and the preservation of quality child care and consortium partner services.

Background

In January 1996, Child Care Visions, Human Resources Development Canada (HRDC), awarded a 2-year funding grant to the project sponsor, STCC, to conduct a research initiative which would investigate the impact, efficacy and model development of emergency child care. The project began in April 1997 and will conclude in late fall 1998. Sponsored by STCC, the Emergency Child Care Research Project is being coordinated by Work and Family Partnerships, the consulting group of Andrew Fleck Child Care Services, directed by Alvi Consulting and Communications, and overseen by an External Advisory Committee comprising representatives from academic, labour, business, child care and government sectors.

Emergency Child Care Defined

Short-term, backup child care provided to children who are unable to attend regular child care either because of illness or a disruption in child care arrangements.

Rationale—A Need for Research

Few work/life research initiatives have focused on the impact of a service or program on individuals and their families. The Emergency Child Care Research Project is the first known Canadian research initiative to investigate the impact of emergency child care on individuals, their families and the organizations with which they are affiliated. Typically, work/life research has focused on what triggers work/life conflicts, not what may work to improve individuals' and organizations' abilities to handle the work/life balance. Research that has evaluated the effect of work/life services typically has been qualitative, not quantitative.

The Emergency Child Care Research Project was funded to assess—in quantitative and qualitative measures—the impact of the STCC service, to evaluate the service and its effectiveness, and to investigate the consortium model as a means of developing and delivering an emergency child care service.

A Prevalent Issue for Canadian Families

The need for emergency or backup child care remains a prevalent and pervasive issue for many Canadian families. In Canada, parents generally have lacked access to workplace benefits and arrangements which support their emergency child care needs. According to findings from the Canadian National Child Care Study *(*a representative survey of employed parents with one or more children under 13 years of age based on 1986 Census data), only 23 percent of Canadian parents had access to paid family responsibility leave, and only 32 percent could work flexible hours. Access to flexible work arrangements and coverage for child care emergencies is often related to parents' employment. Single parents are considerably less likely to be able to reduce working hours to allow for more flexibility. More than three quarters of parents with preschool-age children had no access to paid, short-term leave to cover child care emergencies (Lero, Brockman, Pence, et al., 1993).

For organizations, lack of support and work flexibility for employees to manage their family and work responsibilities has many consequences. The positive benefits of work/life services and programs such as emergency child care have been documented in a number of U.S. and Canadian studies.

Higher productivity and morale, a decrease in absence from work and employee stress, and an enhanced ability to attract and retain employees are the most common, documented outcomes.

The Conference Board of Canada estimates that absence from work alone costs Canadian organizations a minimum of $1,750 per employee per year.

The Research Project

The research project is made up of three components:

- **Impact Research:** An 18-month longitudinal panel study was conducted on the direct and indirect impact of emergency child care on individuals, their families and the organizations with which they work or are affiliated. Respondents—from experimental and control groups—were surveyed over three time periods on various aspects of their "work, family and child care lives." The survey tool was a 30-question written questionnaire.
- **Service Evaluation:** An evaluation of the STCC program to ascertain operational effectiveness and viability of the service model was undertaken. Areas explored include service delivery, client satisfaction, care standards, monitoring and evaluation, staffing, board structure, promotion and overall viability of the service, moving from its pilot to operational phase.
- **Study and Analysis of Consortium Models or Public-Private Partnerships:** Services that are involved in the development and delivery of human services, such as child care, elder care, education and health, were analyzed to document model features and characteristics and to identify common issues of consortium models as a means of providing a work/life or family support service.

General Findings—A First Look

The Emergency Child Care Research Project concludes in the late fall of 1998, with a final report, *Emergency Child Care in Canada: Its Impact, Practice and Innovation*, and executive summaries to be disseminated to child care, business, labour and academic sectors and communities in December 1998. Pending the release of the final report, summarized below are some general findings from the research.

Impact Research

The results of the impact research indicate that the emergency child care service had a positive impact on the individuals and families who used or had access to the service. The study found that these individuals experienced reduced stress and work/life conflict. These results were especially strong for women under 35 years of age with young children.

A higher percentage of parents who used the service reported improved relationships with their spouses and children, increased job satisfaction, and fewer days of absence from work than those who did not use the service or did not have access to it.

Service Evaluation

The service evaluation of the STCC program found a high level of satisfaction with the backup service by parents, administrators, caregivers and members of the consortium. A review of comparable services in the United States revealed many common issues and

challenges, as well as opportunities and models for other communities to develop similar services.

The final report will provide detailed information on the results of the impact research, a summary of the service evaluation and a description and analysis of similar services in communities across the United States.

Study and Analysis of Consortium Models and Public-Private Partnerships

The research found several interesting models in Canada and the United States which involve different organizations and sectors in the development and delivery of services such as child care, education and work/life services. The report predicts that there will be an increase in models such as the NCRECC to develop and deliver services such as child care. This is partly due to government cutbacks in social spending and a redefinition of the role of government, which have forced the creation of different approaches to service funding and delivery. The report also predicts that new models will be developed because of the continuing and changing needs of families for child care and other services. For example, some consortia have started as a result of the collective bargaining process when labour and management decide that this model is an appropriate way to develop and deliver specifically negotiated services.

The final report profiles five case studies of consortium models, including the Toronto-based education initiative, The Learning Partnership, two U.S.-dependent care consortia which are products of collective bargaining, the NCRECC of Ottawa and the American Business Collaboration, a multimillion dollar corporate initiative to fund dependent care services in the United States.

Child Care and Worklife—A Collective Responsibility

The report advances a number of recommendations to the key sectors of government, labour, business, child care and the wider community. It stresses that all of these key sectors and the community have different, vital roles to play and share a collective responsibility in ensuring that Canadian families have access to a broad range of supportive services and benefits, including high quality child care services.

Looking Ahead

Beyond its formal objectives and components, the research initiative should provide a better idea of our understanding of emergency child care as a needed work and family service and illuminate the realities of working parents. It should also highlight important issues for the consideration of employer/business and labour communities: what is their understanding of, and commitment to the development and support of high quality child care services?

For STCC, this greenfields research provides many opportunities to:

- enrich the program and service;
- investigate the feasibility and accessibility of the consortium model;
- explore the development of other community-based emergency child care and similar services;
- investigate the impact of emergency child care on families and organizations; and
- make the case, within and beyond the child care community, for community-sponsored, flexible, emergency child care services.

For the child care community, the STCC model and research also represent opportunities:

- a working example of a community partnership involved the development of a child care service;
- evidence of the benefits for business and labour to be involved in quality child care initiatives; and
- an example of an alternative means of providing quality child care to meet parents' needs.

Reference

Lero, D., Brockman, L., Pence, A.R., Goelman, H., & Johnson, K. (1993) *Workplace Benefits and Flexibility: A Perspective on Parents' Experiences*. Ottawa, Statistics Canada, Human Resources Development Canada.

Funded by Child Care Visions, Human Resources Development Canada and sponsored by the Short Term Child Care Program.

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Toward a Professional Child Care Administrator

by Elaine Ferguson and Susan Kirby Smith

In 1996, one of the projects of Child Care Connection-NS was to look at child care administrator credentialling in Canada, describe it and build a model that could take credentialling forward. The model was developed through collaboration with provincial and territorial child care organizations, directors of licensing, and early childhood practitioner preparation programs that had an administrator training program component. It is documented in *Child Care Administrator Credentialing In Canada: A Work in Progress* (Ferguson, 1997). The project was funded through Child Care Visions of Employability and Social Partnerships of Human Resources Development Canada.

The model (Ferguson, 1997) that emerged is collegial, recognizing that authority for credentialling is shared among the government licensing body and the practice licensing body, and credentialling the core of knowledge is shared among early childhood practitioner preparation programs and early childhood practice. There are two levels of standardization in the model—the child care core of knowledge level and the licensing level. Each level has two dimensions: core of knowledge—practice component and education component; and licensing—individual and centres. These two levels work together in the credentialling of the child care administrator to provide a professional standard of child care service and delivery.

Over the past five years, the Certification Council of Early Childhood Educators of Nova Scotia and Child Care Connection-NS have been developing a child care administrator certification process. Though a literature review and focus groups of child care administrators, a work description was developed. As part of the credentialling study, this work description was circulated to child care organizations, licensers and early childhood care and education (ECCE) programs for their review.

The work description has two components—job specifications and the management areas grid. Job specifications covers the skills, knowledge and abilities for the position of child care administrator, and the management areas grid covers the responsibilities of the child care administrator. The management areas grid is a two-way matrix that identifies the relationship areas and the practice areas for which the administrator is responsible. In each of the relationship areas of staff, families, licensed operator, facility and community, the administrator is responsible for the practice areas of systems, policy, services/programs, legal/professional sanctions, planning and finances.

A recommendation from that study was to begin the process of developing Canadian standards for the role of child care administrator. In Nova Scotia, the process has begun. In January 1998, Child Care Visions provided the funding to continue the standardization process by piloting child care administrator certification. The work description provides the data for developing standards for the child care administrator's practice and certification provides the process.

The child care administrator certification process has a number of vehicles for collecting the data. Sources of evaluative data are the peer, self- and validator evaluation of case study presentations based on the relationship areas and specific practice cells within the relationship areas of the management areas grid. For each candidate presentation, 21 item evaluations are made. Evaluations are based on a 3-point scale, with 1 being needs improvement, 2 being basic competence and 3 being excellence. Along with the rating, evaluators give a reason why the rating is given and a description of what the candidate would do to get the other two ratings. This gives three ratings for each item evaluated, as well as the rating received by the candidate on the item. Other sources of evaluative data are validator site visits and practice binders.

Sources of demographic data are the application form and portfolio development. These will provide data regarding skills, knowledge and abilities that the candidate brings to the process (i.e. prerequisite skills). Rich sources of evaluative and demographic data that are gathered will provide the sample to determine standards. A software package has been developed to store the data efficiently, so that when the sample size is valid and reliable, analysis can be performed to start the process of standardization.

Advantages

The advantages include:

- Standardization can be an evolving process, getting more refined as the process moves, allowing for adjustment to competence expectations.
- It involves early childhood practice in determining practice standards.

- Collectivity develops.
- Standards can reflect provincial/territorial, regional and national contexts.
- As samples increase, data sets can be merged and provincial/regional/national standards can emerge.
- Having an open process in the development of standards will lessen the possibility of subjective biases and increase the richness of the standards.
- The process could be generalized over other positions in early childhood practice, and other occupations in the process of developing standards.

Child Care Administrator Certification Process

The process for evaluating the candidates for child care administration certification is inclusive. It reflects the developmental process in the candidates, the complexity of the administrator's role, and the shared values of continuous learning and collegiality. It is also flexible so candidates can move in and out of the process in response to their needs.

From application through to certification, child care administrator certification candidates reflect on their own growth and development, on their practice and on the contextual factors in which they practise. When the candidate is evaluating her peers, she reflects upon her peer's practice. This expectation for reflection is fundamental to the certification process and is the catalyst that makes the process dynamic, useful and enriching.

The process takes the candidate through a prior learning assessment, developing a learning plan, case study presentations, self- and peer evaluation, journal writing, and the development of materials to assist her in her work. Training is provided for each step in the process.

Components

Prior Learning Assessment

The candidate develops a portfolio of the learnings she has accumulated over her lifetime which apply to her role as a child care administrator. She then does an assessment of the accomplishments relative to the management areas grid. This process assists the candidate in developing a learning plan for the certification process.

Learning Plan

The candidate's learning plan outlines how she will build on her strengths to develop knowledge and confidence in her role. The learning plan focuses on the gaps identified in the prior learning assessment and identifies the areas of the grid upon which she will concentrate in the certification process.

Case Studies

Ten case studies are the primary source of evaluation of the candidate's practice. Each candidate prepares responses to five case studies and writes five case studies. These case studies address the relationship areas of staff, family, licensed operator, facility and community. The candidate's presentations are evaluated by the candidate herself, five peers and the certification validator. The evaluations form the basis for the data set used to develop standards.

Journals

Throughout the certification process, candidates keep a journal that focuses reflections on the management areas grid items and her own practice.

Practice Binders

Four binders are developed by the candidate. They provide documents, articles, anecdotes, etc., regarding the candidate's organization, policies and procedures, schedules and forms, and legal and professional sanctions.

Training

The candidates are provided with training related to each step of the process, taking them through orientation to child care administrator certification, portfolio development, communication for evaluation, case study response preparation, application of ethics and case study writing.

Each of the certification components serves as a tool:

- for the candidate to reflect and acknowledge the practice skills she has acquired, to document her process;
- to plan and accomplish her growth;
- to gain confidence in her practice;
- to learn from colleagues; and
- to develop tools to assist her in practice.

As of October 1998, six candidates are involved in the certification pilot. They are mid-way through the first phase of the process, presenting their case study responses. They have completed training in orientation to certification, case study response writing, portfolio development, and communication for evaluation. Because of the time frame for the pilot, they have had to run parallel time tasks. In the model, prior learning assessment would be completed before starting the case study responses, and the learning plan would have been developed. It would have been used to assign case study responses. In the pilot, these tasks

will take place at the start of the second phase, before the candidates begin their written case study presentations.

The pilot review committee endeavours to keep the pilot process as open as possible, within the model's structure. The selection of candidates was an interesting challenge to the committee with much discussion around prerequisites. Each committee member had a subjective opinion about what the prerequisites should be, and as we reflected on what was said, we realized that openness and a "let's see what the data show" attitude was best. Candidates for the pilot were chosen based on as diverse a sample as possible relative to size of centre, management position, age, experience and program.

The committee realizes that whatever is done with the pilot, it will take early childhood practice further ahead than before the pilot began. Candidates and the review committee remain open, posing questions, suspending judgment, reflecting, listening and communicating.

References

Ferguson, E. (1997) *Child Care Administrator Credentialing in Canada: A Work in Progress*. Halifax: Child Care Connections-NS.

Funded by Child Care Visions, Human Resources Development Canada.

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Professional Education and Development for an Emerging Early Childhood Workforce

by Jane Beach and Jane Bertrand

This presentation summarizes and links issues and developments in child care and related training and education that have been identified through three research projects completed in 1998. The three projects are:

- *Our Child Care Workforce: From Recognition to Remuneration*. Sponsored by Human Resources Development Canada and conducted for the Child Care Sector Study Steering Committee, this sector study examined the scope and nature of human resource issues associated with employment in child care in Canada, and strategies to address them. Training and education were examined from several viewpoints, including the requirements, availability, types and methods of delivery, and issues identified by the field.
- *Mobility of Early Childhood Care and Education Credits and Credentials in Canada: Portability, Transferability and Articulation*. Conducted for the Canadian Child Care Federation (CCCF) and the Association of Canadian Community Colleges (ACCC), the project examined the transferability, articulation and portability of early childhood care and education (ECCE) postsecondary education credentials and credits within and among the provinces and territories. The conclusions and recommendations of the project identified possible strategies to increase ECCE credit and credential mobility.
- Two supplementary papers to *Our Child Care Workforce*.
  a *Literature Review of Research Reports*. The literature review explores the contribution of training to the quality of early childhood settings in Canada, and describes the training and human resource supports needed and available.

A Case Study Report of six innovative child care training and education programs in Canada. The case studies examined a continuum of education, training and professional development programs, including centre-based early childhood education, family child care, and administration and management.

In addition to these three projects, an additional two are under way and inform the presentation. Jane Bertrand is reviewing university ECCE degree programs and Jane Beach is reviewing the delivery of professional development by community colleges in Canada.

Taken together, the findings and conclusions suggest that we rethink some traditional notions about the workforce and its education and development needs. Themes emerging across projects include:

- Members of the child care workforce across all settings have a range of educational credentials, from less than high school completion to university degrees.
- Individuals use different routes to acquire ECCE training.
- The concept of child care is shifting from that of a service designed primarily to support employment to one with a primary emphasis of enhancing child development.
- The implications for professional education and development of the workforce include a broadening view of the child care workforce to an early childhood workforce; increased job opportunities; better coordination to ensure flexibility and mobility; and the need for more inclusive and flexible approaches to both content and delivery.

The Early Childhood Workforce

The early childhood workforce comprises individuals with the knowledge and skills to support good early child development. They work with young children in different ECCE settings, are committed to the work they do, often have ECCE credentials or other appropriate child care training, and participate in professional development activities. They are keen for professional development and more educational opportunities. They are mostly women, often receive low pay and poor benefits, and often feel undervalued. They may work alongside individuals who do not have the necessary knowledge, skills or commitment. The potential early childhood workforce includes more than 300,000 individuals, mostly women who work with young children in child care and related ECCE settings.

Potential Number of Early Childhood Workforce

Unregulated family child care	155,000
In the child's home	115,000
Centre-based care	42,000
Regulated family child care	15,000
Unregulated school-age care	6,000
Kindergarten	21,000
Family resource centres	4,000
CAP-C, early intervention	1,600

Regardless of the setting in which they work, competent ECCE practitioners:

- promote health, safety and well-being of children;
- establish a partnership with parents;
- develop and maintain positive relationships with each child and with the group;
- plan and provide daily learning opportunities that promote positive child development;
- observe and respond to children's activity and behaviour;
- support learning within a context of family, culture and society, and principles of fairness, equity and diversity; and
- work in partnership with community members/organizations.

Educational backgrounds of practitioners vary. Approximately 10 percent of caregivers in home-based child care and 55 percent of those in centre-based programs have completed an ECCE diploma or certificate. Most kindergarten teachers have completed a university degree and a teacher education program; some of these have either teacher education or a degree program with a focus or specialization in early childhood education. A number of staff in family resource programs and early intervention programs have also completed studies in early childhood education.

The research evidence presents a clear message. Children do better in language development, cognitive abilities, social skills and emotional well-being when they are stimulated and nurtured by individuals with knowledge and skills in early child development. The challenge is to support those who are working with young children to join the early childhood workforce. The projects we have undertaken provide a profile of what professional education and development is now offered, identify some of the issues and suggest some strategies to expand opportunities for the early childhood workforce.

Overview of Professional Education and Development

Postsecondary education in Canada is provided by 88 universities and over 200 community colleges. Approximately 120 institutions deliver ECCE credentials through community colleges, CEGEPs, universities and private institutions.

Some 20,000 students are currently enrolled in ECCE certificate and diploma programs. Curricula of ECCE certificate and diploma programs contain similar content and reflect a broad core of knowledge and skills. About 12,000 ECCE certificate and diploma students are enrolled in continuing education and distance education, while another 8,000 students are in full-time ECCE programs.

All programs include a supervised field placement component and course content in child development, behaviour guidance and ECCE methodology. The ages of the children and the program delivery focus vary. There is a trend toward expanding the scope of ECCE postsecondary education programs to include children from 0 to 12 years in a variety of home-and centre-based settings.

While the overall differences in curriculum content are minimal, there are significant differences in how the content is structured which contribute to difficulties in transferring ECCE academic credits and in the portability of ECCE credentials. There is considerable variation in the length of the program, length of field placements and how the courses are organized.

Approximately 25 ECCE-related degree programs and B.Ed. programs with a preschool or ECCE specialization are offered at universities and university-colleges. About 12 family child care certificate programs (British Columbia, Ontario, Quebec, Yukon) and various specialized post-diploma programs are offered through community colleges.

Colleges and universities offer early childhood practitioners some professional development but a much larger proportion is delivered by ECCE professional and advocacy organizations through conferences and workshops. Family child care agencies and family resource programs offer professional development, often specifically designed for caregivers in family child care.

Pathways to the Early Childhood Workforce

Individuals typically enter the early childhood workforce through one of three routes:

- preservice college ECCE diploma or certificate program followed by employment in an ECCE setting.

- employment as an assistant in a centre program or as a caregiver looking after children in the home, followed by attendance in related workshops or networks, and part- or full-time studies in ECCE or a Family Child Care Certificate program.
- university degree (not in ECCE) or college diploma in another area and employment in an ECCE program, followed by additional professional education. Once practitioners have acquired ECCE credentials, they may change settings (e.g. seek employment in a kindergarten or a specialized setting), and require further education and development.

Issues

The challenges in professional education and development for the early childhood workforce include:

Inconsistent Educational Qualifications

The range of academic requirements for qualified staff in licensed centre-based child care settings varies across provincial/territorial boundaries. There are no formal requirements for family child care. There is also considerable variation in the academic qualifications needed to work in other types of ECCE settings.

Gaps in ECCE Certificate and Diploma Postsecondary Programs

In the past, most ECCE programs have focused on centre-based programs for preschool-age children. In recent years, there are noticeable steps to include more curriculum content and field experiences with both younger and older children, although gaps continue in course content in care for children with special needs, and in cultural, racial and linguistic diversity.

Expanding the Scope of ECCE

The broadening scope of early childhood care and education to include much more than centre-based, regulated programs presents challenges to existing postsecondary programs. How can programs increase the breadth of their curriculum content without diluting the depth? What is appropriate entry-level knowledge and skill competency?

Barriers to Credit and Credential Mobility

There are both provincial/territorial and institutional barriers to the mobility of ECCE credits and credentials. At the provincial/territorial level, it is often difficult to transfer the recognition of an ECCE credential from one jurisdiction to another. Some provinces offer equivalency for all credentials from specified institutions while others review credentials on an individual, course-by-course basis.

Effective Field Practice

Faculty members in ECCE college programs seem to agree that field practice is an essential component of ECCE professional education. However, there are large variations in field practice in terms of hours, structure and supervision and there is very little information sharing among ECCE programs about these matters. Most field placements take place in traditional centre-based settings. There is very little in the literature about the characteristics of effective field practice experiences.

Family Child Care

There are unique needs for training in family child care that are not accommodated within traditional ECCE programs. At the same time, colleges are not providing much in the way of credit or non-credit opportunities for providers in family child care. There is agreement that much of the curriculum content is similar but delivery format and structure must meet the needs of family child caregivers.

Increased Credential Requirements

Some provinces are increasing the proportion of staff requiring early childhood academic qualifications. This presents several challenges to the postsecondary ECCE programs to rapidly increase the number of qualified staff. When New Brunswick introduced public kindergarten about 8 years ago, ECE teachers in the former private kindergartens were allowed to work in the school kindergarten programs and complete their teacher education degree through a part-time 8-year program.

Access

Barriers to professional education and development include financial cost, time and scheduling constraints, and geographic location. There are ethnocultural and linguistic barriers. Delivery models and curriculum content must respond to these challenges.

Training for the Trainer

As ECCE programs expand their focus and scope, it will be critical to ensure that appropriate education and training are available to individuals who are teaching these courses.

Strategies for Moving Forward

Professionalization and Unionization

Professionalism is one strategy to improve working environments, increase recognition and improve the quality of care. It involves mechanisms to prepare individuals for practice, monitoring the individual practice, and providing designation which recognizes knowledge

and skill. The challenge will be to define a new form of professionalism which includes all caregivers who want to provide quality care and which recognizes various levels of credentials, experience and employment.

Another strategy, unionization, can provide caregivers with more decision-making authority and a vehicle to support increased training and professional development. It can promote collective rights and protect quality of service by bargaining, for example, for increased educational qualifications and improved child:adult ratios.

Changing Postsecondary Education

There is a climate of political and institutional will to coordinate education mobility within jurisdictions and across provincial/territorial borders. There is also a momentum to recognize the value of early child development of the early childhood workforce in a variety of settings. Both prior learning assessment and recognition and distance education delivery models are in active development and implementation across Canadian colleges.

Is there a national focus to help facilitate this process? This is being examined as part of the CCCF/ACCC research project. Discussions about the feasibility of a child care sector council, which usually provide a forum for developing national training strategies, are also under way.

Credential Mobility Agreements

The kindergarten–child care split is based on historical divisions between care and education. Joint credentials, recognized by both settings, may provide a starting point to increase the credential mobility. There is a need for discussion among governments and others involved with credential recognition to develop increased credential mobility across provincial/territorial boundaries.

Research Priorities

Most of the current research activity is descriptive but does not answer some fundamental questions about what contributes to quality ECCE postsecondary education or professional development. There is a need for better-designed quantitative or empirical research.

Information Clearinghouse

Even before research is done and the results are back, we need more information about what is under way. A permanent base to exchange information among academics, researchers and practitioners is also required.

The Strategic Human Resources Analysis/Sector Studies Division, Human Resources Development Canada sponsored: **Our Child Care Workforce: From Recognition to Remuneration - A Human Resource Study of Child Care in Canada; A Literature Review of Research Reports;** ***and*** **A Case Study Report.** ***Child Care Visions, Human***

Resources Development Canada funded **Mobility of Early Childhood Care and Education Credits *and* Credentials in Canada: Portability, Transferability and Articulation.**

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First Nations Child Care

A National Study, May 1998 to March 2000

by Margo Greenwood and Perry Shawana

Goals and Objectives

The primary goal of this study is to provide First Nations communities with:

- implementation models for the development of First Nations quality child care programs; and
- options for First Nations jurisdiction in child care.

Specific objectives will include:

1. examining the social, political and historical context of First Nations communities relative to the establishment of child care services;
2. determining what First Nations communities perceive as quality care for their children;
3. identifying indicators of quality services in First Nations child care programs;
4. identifying processes that are a part of First Nations quality child care and creating a framework for implementation of those processes;
5. identifying barriers and supports that existing legislation and policy present for developing First Nations quality child care programs and responses to those barriers identified; and
6. identifying the source and scope of First Nations jurisdiction in child care.

Examples of the kinds of questions that will be addressed in each of the six objectives are listed below.

Objective 1

- What social, political and historical influences affect First Nations child care services?
- How do these influences affect First Nations child care service?

Objective 2

- What kinds of activities and learning opportunities do parents, extended family members and community members perceive to be best suited for their children?
- What changes to related policies and services would enable parents to attain the kinds of opportunities they desire for their children?

Objective 3

- What key components of a child care program are necessary for the care of First Nations children?
- What key components of child care program are unique to First Nations communities?

Objective 4

- What processes or activities are necessary for the quality care of First Nations children?
- What are the elements of a framework to identify quality care for a specific First Nations community?

Objective 5

- What current legislation affects the delivery of child care services in First Nations communtities?
- What is the relationship between quality child care services and legislative standards and regulations?
- How does this legislation impact on service delivery?
- What options are there for responding to legislative barriers to the delivery of First Nations child care services?
- How do legislative barriers and subsequent responses differ between regions?

Objective 6

- What are the sources of First Nations jurisdiction?
- What authority do First Nations desire for child care services?

Preliminary Highlights from Key Informant Interviews

Contextual Influences on the Design and Delivery of Child Care Services in First Nations Communities

Historical:

- Residential schools
  - Daycare replaces residential school as an institution.
  - Traditional child care systems are deteriorating; there is a lack of traditional child care systems in place today.

Political:

- Child care is often not a priority locally, regionally and nationally.
- Child care is viewed as a women's issue.
- There is a need for greater access to policy decision makers so there is funding for services in communities.
- Child care is viewed as a treaty right that community members should not have to pay.

Social:

- All forms of abuse (sexual, physical, alcohol and drugs) in communities affect child care services.
  - Special needs children (e.g. FAS, FAE) require services.
  - Referral for parental skill development is needed.
- Bill C-31 created increased demands for child care service.

Perceptions of Quality Aboriginal Child Care Services

- Quality care provides safe, loving, nurturing and healthy care for children.
- Language and culture are taught to ensure that children are instilled with pride so that they become stable, contributing community members as adults.
- School readiness skills are needed so children can succeed as students.

Aspects of Quality

Environment:

- Equipment and materials that strengthen knowledge of local histories and community allow children to be more competent about their culture. History can only make a child stronger.

Caregivers:

- Caregivers in Aboriginal child care settings should be Aboriginal, from the community and speak their language. Caregivers should have training that is culturally appropriate, sensitive to cultural values and the community they work in.

Programming:

- Child care centres have a responsibility to equip children in ways that parents cannot, for example, reading to children.
- Routines and activities should reflect a child's community/home life if they are healthy and good for the child.
- Local seasonal activities should be incorporated into programming, such as fishing, hunting and harvesting.
- There is diversity of opinion around including ceremonies such as smudging, naming and praying in programming.
- The content of what is taught and how it is taught should reflect the community/home life of children. Having community caregivers as role models, and using storytelling and nature in teaching are important aspects for Aboriginal children's learning.

Parent/Community involvement:

- It is important for Elders, community representatives and other key people in the community to be involved in direct delivery of services. Parents and Elders should be involved with administration of the child care centre. There is some debate about whether child care centres should provide learning opportunities for parents: one view is that this is a responsibility of other agencies while another is that it would encourage greater parental participation in service delivery.

Do Services Reflect Assimilation Policies?

Current policies are assimilationist. Services are based on the constitutional division of powers. They are assimilationist because there is no recognition that we are different, have different ways of rearing children, hold different world view, have different standards in our communities, different ways of thinking and different geographic circumstances.

Legislation

Supports created by existing legislation:

- safety for children
- protection for caregivers
- ability to develop our own philosophies that guide programs

Barriers created by existing legislation:

- prohibitive building code requirements
- restrictive health standards (e.g. health standards require that food served in child care centres be government certified, preventing traditional foods from being served such as moose, goose, fish and other staple foods in the home)
- inability to use on-the-job training opportunities in First Nations child care centres for accreditation
- imposed adult-to-child care ratios that may be inappropriate
- imposed segregation of children by age grouping prevents caregiving in family groupings (This often prevents caregiving in family groupings and prevents siblings from being able to interact with each other at the child care centre)
- lack of community capacity to deal with infrastructure requirements
- inability to hold the provincial and federal government accountable to the community

The legislation is perceived as an assimilationist tool where bureaucrats are empowered to look out for the "best interests of Indians." This often results in insensitive and racist approaches to enforcement of the legislation.

Source and Scope of First Nations Authority in Child Care

First Nations jurisdiction over child care means the ability to make decisions that affect the way a child is reared. It enables our communities to set standards that reflect our traditions, to reinforce our duty and responsibility as caregivers and not owners of children.

- First Nations view their authority in child care as an inherent right that has existed from time immemorial. The ability to exercise this authority is not viewed as deriving from legislation, whether it be the Constitution or other subordinate legislation.
- The scope of First Nations authority in child care is viewed as all encompassing, including licensing, monitoring, setting standards and guidelines for quality care.

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E-2

Training Issues Forum

Facilitator: Don Ogston

PRESENTATION 1:
Program of Research on Postsecondary ECCE Training

by Gail Mulhall and Anne Maxwell

Introduction

In 1997, the Association of Canadian Community Colleges (ACCC) and the Canadian Child Care Federation (CCCF) began a 2-year program of research on early childhood care and education (ECCE) training. Since requirements and programs vary significantly across Canada, the objectives of this research program are to contribute to:

- greater awareness of, affiliation and exchange among training programs;
- higher standards of pedagogical practice;
- reasonably common standards of ECCE training;
- reasonably common outcomes of ECCE training;
- more comprehensive training;
- more affiliation and exchange of ECCE faculty with the child care sector; and
- professionalization of the child care sector.

The program of research is very extensive and this presentation will provide an overview of the various studies which are part of the project. Joanne Morris and Malcolm Read will present in more detail two specific projects of the program of research during this forum.

Awareness, Affiliation and Information Exchange

In order to increase awareness, affiliation and exchange, a database of college training programs has been developed on the ACCC website (www.accc.ca). This database contains information on the range of ECCE programs offered by each institution. Each program has a password for updating the database. Canadian university programs that offer graduate and

post-graduate ECCE studies and the roles that their graduates are prepared to play in Canadian child care are the subject of a study by Jane Bertrand.

A study of credit and credential mobility issues has been conducted by Jane Beach and Jane Bertrand. This study looks at the current policies and practices that present both opportunities and barriers to portability, transferability and articulation.

An examination of the extent and nature of professional development activities offered by Canadian colleges is currently being conducted by Jane Beach. This study looks at the professional development needs of child care practitioners, their preferred delivery approaches, and the extent to which the colleges are meeting these needs.

Foundations of Quality ECCE Training

The starting point for the foundations of quality is the *National Guidelines for Training in Early Childhood Care and Education* previously developed by the CCCF National Training Committee through a national consultation process.

To encourage the discussion on the foundations of quality, Vicki Mulligan developed a discussion paper entitled *What Are the Characteristics of Excellent ECCE Training?* Karen Chandler conducted a series of workshops across Canada on Mulligan's 15 principles of quality training.

Vicki Mulligan is also the author of a draft code of ethics intended to supplement the code of ethics to which ECCE faculty are already committed as members of the child care sector; Mulligan's code of ethics addresses issues specific to teaching ECCE.

Malcolm Read is working on a framework of learning outcomes for ECCE training programs—a document that describes the knowledge, skills and abilities that may be reasonably expected from a graduate of a postsecondary professional training program.

Elements of Quality ECCE Training Programs

A compendium of tried methods of instruction on various programs of study in a typical ECCE college curriculum is the subject of a document being developed by Eva Stelzer and Sandra Beckman.

Joanne Morris is editing a study of innovative program delivery methods, including:

- distance education by Cheryl Brown McLean and Joanne Morris;
- professional development by Karen Chandler;
- internship by JoAnne Hurst;
- prior learning assessment and recognition by Marilynn Morrice;
- practicum by Judy Pollard; and
- mentoring by Carmella Singleton.

In addition, Adele Ritch is looking at models of practicum—the commonalities and differences in field work practices in ECCE programs across Canada.

Toward National Accreditation/Certification

In the interest of increasing the potential for mobility of credits and credentials, the program of research is looking at a variety of related topics and tools.

Barbara Thomas reviewed the *Sensitivities on Processes of Peer Assessment of Training Programs in Caring Professions.*

Don Ogston's report entitled *Strengthening Identity* is a study of accreditation and certification practices in other professions and identifies their applicability to ECCE training programs and practitioners. The report concludes with recommendations for moving the field forward incrementally.

The CCCF National Training Committee has conducted pilot tests of the *Towards Excellence* tool—companion piece to the *National Guidelines for Training in Early Childhood Care and Education.* This tool gives the various stakeholder groups in a training program an opportunity to assess the program in a spirit of cooperation and team building.

Facilitating Communication and Networking

Three newsletters entitled *Update. . .Participate* are being distributed to training programs during the project to keep the training community up-to-date on the program of research.

As a further aid to communication, a glossary of terminology commonly used in ECCE training is being compiled by Diane Nyisztor. This glossary is based on the studies being conducted under the project.

To encourage networking among training institutions, the CCCF's National Training Committee is facilitating the development of four models of mutual support networks: a common focus model, a linguistic/cultural model, a regional model and a pan-Canadian virtual model.

Next Steps in the Program of Research

The results of the program of research will be disseminated to an identified distribution network at the end of the project (March 1999). Parts of the program of research will also be available on the Internet: on the ACCC website (www.accc.ca) and on the *Child & Family Canada* website (www.cfc-efc.ca). While these studies will make a substantial contribution to the advancement of the field, they should be considered part of the incremental process of moving forward toward excellence in ECCE training in Canada.

PRESENTATION 2:
Distance Education: Building Bridges to Meet the Educational Needs of Early Childhood Educators

by Joanne Morris

All educational institutions are challenged to define their mandate and allocate resources appropriately to provide quality education to meet the needs of the communities they serve. Educational institutions that serve rural and remote populations are particularly challenged on the issue of accessibility.

In the late 1980s, the College of the North Atlantic, St. John's, Newfoundland, was faced with a major challenge regarding early childhood education training. It had a newly established 2-year diploma program which the community advisory committee deemed was providing quality graduates. However, it stated that there was a critical need to extend educational services to those who had entered practice before the mid-1980s when no early childhood programs were offered by either the provincial college system or the university. To address this need, considerable funds would be needed to provide either off-campus part-time programs or distance education. If off-campus delivery were chosen, many early childhood practitioners would still be discriminated against because they did not live near urban centres. Distance education was therefore chosen as the most desirable option.

The federal Child Care Initiatives Fund provided the opportunity to address this need for training without diverting resources from full-time programs or charging prohibitive fees. The college dedicated Child Care Initiatives funding to a comprehensive 3-year program development process, which specifically addressed the designated learning outcomes and learning needs of practising early childhood educators.

The development and delivery of quality distance education programs require considerable resources, and are not and should not be a profit-motivated venture. Given an ethical motive and adequate resources, distance education can be an effective response to issues of accessibility and equity facing postsecondary institutions.

Definition

Distance education is defined here as the delivery of instruction where the faculty and students are separated by distance, the distance being bridged through the use of various instructional media. While distance education programs may incorporate some face-to face sessions (e.g. orientations, institutes or practica), most teaching/learning occurs with students and faculty physically separated (Carr, Fullerton, Severino et al., 1996; Gottschalk 1996; Miller and Husman 1996; Wiesenberg and Hutton 1996). Depending upon the modes of

delivery, distance education programs usually provide the student with considerable flexibility in study schedules and self-paced learning.

Who Are the Students?

Historically, most distance education students have been adults, studying part time at significant geographic distance from campus (Wallace, 1996). Today, many researchers have concluded that situational barriers related to work and family commitments are the main factors leading students to choose distance delivery (Heinze, 1983 and van Enckeunt, 1986, cited in Wallace, 1996). In today's economy, both single and married students often must maintain full- or part-time jobs. At some institutions, this fact has led to significant increases in younger, campus-close students enrolling in distance education courses, which allow more flexibility around work schedules (Wallace, 1996).

Accountability

Institutions considering implementing distance delivery often face a fundamental question posed by academic administrators and faculty: Is the academic achievement of distance education students equivalent to on-campus students? Research has shown that distance delivery can be as effective as traditional instruction, provided the technologies used are appropriate for instructing the content and there is timely and sufficient faculty-student feedback, and student-to-student interaction (Moore and Thompson, 1990 and Verduin and Clark, 1991, cited in Gottschalk, 1996; Dillon and Walsh, 1992 and Duning, Van Kekerix and Zaborowski, 1993, cited in Olcott, 1996). Indeed as Zirkin and Sumler (1995) argued, the degree of interactivity is "an important factor in student achievement, whether in the classroom or through [distance education]" (p. 99). Bickford succinctly pointed out: "The lecture method, as we all know, is hardly the paragon of 'interactive' learning" (cited in Zirkin and Sumler, 1995, p. 97).

All education must meet approved standards. This is an important accountability issue that must be an integral part of any distance offerings. Employers expect performance to be at college level in the workplace, and the 1990's graduates of postsecondary training are expected to function at more complex and higher levels than before. At the College of the North Atlantic, the required learning outcomes are equivalent between distance students and on-campus students. This equivalency standard ensures that graduates will be prepared to meet the standards of practice for the field of study.

Selecting Media

To deliver quality distance education services, educational institutions are challenged to make appropriate choices of media. The financial implications of technology choices are important from the perspective of both the institution and the students, as the costs must be within the means and resources of both.

The process of choosing technologies begins with careful research and analysis of course content and desired learning outcomes; student needs, resources and characteristics; and institutional resources. Often, this initial "design stage" is conducted by a team of educators, consisting of faculty, administrators and instructional designers with expertise in distance education. Various technologies are then "matched" to serve different functions in the program. Some of the major technologies used in distance education include print, audio (telephone, audiotapes, teleconferencing), video (videotape, audiographics, video conferencing), computers and electronic media (fax, e-mail, CD-ROM, computer-mediated conferencing, Internet and World Wide Web).

A quality practicum is integral to the student's attainment of the learning outcomes of the program of study in early childhood education. The student learns the meaning of theory as it becomes evident in practice. This takes place during experiences at high quality demonstration centres and in field placements in child care programs in the community. Faculty supervision of practica is required to ensure the synthesis of theory and practice and for student evaluation.

College of the North Atlantic Early Childhood Education Diploma

The diploma program offered through distance education is based on a learner-centred approach to program delivery. The program is designed around learning outcomes and offers a variety of learning resources. Students need to be able to work independently, and have regular access to faculty for interpretation of content, clarification and guidance on course and program studies. The experience of faculty over the last 7 years has reaffirmed that the learner focus is especially important when the learner studies at a distance from the educational institution. Some of the characteristics that have guided program delivery are:

- Resources are accessible for independent use by the learner.
- A variety of resources meets varying learning styles.
- Resources are designed around learning outcomes.
- Readings are broad in range and depth.
- Faculty are accessible and provide regular feedback.
- Faculty stimulate critical thinking and reflective strategies.
- Learners are self-directed and manage their learning according to individual schedules.
- Learners can work together through various media and face to face.

Learning Resources

Each course has a manual which outlines the learning outcomes and the work that is necessary to complete course requirements. Readings are mostly from textbooks and selected journal articles. Teleconference sessions provide opportunities for students to interact, share experiences, and listen to interpretation of readings. Videos bring real-life application of course work and help the student to observe her role as an early childhood educator. Students

who learn effectively through visual representation gain significant information through videos. Audio tapes are effective for music and group work on case studies. The program comprises 30 modules designed to deliver the course content.

Course manuals also contain review questions with answer keys to assist students in checking their understanding of the readings. Assignments vary from very practical application of curriculum courses in a child care setting, to essay and research papers in others. Students are required to complete observations in many of the courses, including a nine-month developmental profile. Assignments are mailed, faxed or e-mailed to the college. Tests and exams are invigilated in local college or other school sites.

Practicum

Each student completes the required number of practicum hours through a combination of 3-week institutes at the college demonstration centre, and performance evaluations in their place of work or volunteer placement. Faculty supervise students during practicum through observation, discussion, written journal feedback and group work. Workplace visits provide a more informed assessment of students in familiar settings interacting with children, families and co-workers. Planning and implementing a developmentally appropriate program is in the context of their community, language and culture. This transference of learning from practicum experience to "real-world" setting is an important outcome of education.

Graduates

Of the original 45 students who were involved in the pilot phase from 1992 to1994, approximately 30 continued with the program. About 10 to 15 new students enrol each year. Five students have graduated, with one of those graduates continuing her studies in the Bachelor of Early Childhood Studies, Northern College, Scotland (which she studies through distance education). Twelve students are expected to graduate in the 1998-99 academic year. Most students study on a part-time basis and take approximately 5 years to complete the program. One group of seven students has been studying the program on a full-time schedule since September 1997, with graduation expected in 1999.

Conditions Necessary for Successful Implementation

The conditions relate to the students, the faculty and the institution.

Students' needs:

- orientation: program design, technology, instructions
- access: to faculty, other students, learning resources, college administration including advisors
- support: sound course content, practicum and field placements, individualization, self-pacing

Faculty responsibilities:

- planning, coordination: program delivery, courses, resources, practicum
- preparation: course materials, revisions, currency, resources, practicum
- facilitation: flexible, accessible, regular and frequent contact, prompt written and verbal feedback, on-site practica, workplace performance evaluations, support for individual learner

Institutional responsibilities:

- provide the bridging technologies and practica appropriate for early childhood education
- ensure academic standards
- be accountable
- establish administration procedures suitable for off-site students
- ensure student accessibility to learning resources
- support faculty in program delivery

Issues

Accessibility

Although distance education offerings increase opportunities for study for many learners, some students find it difficult to be self-motivated and to learn through a substantial amount of reading and writing. The more experience students have with the work environment of a child care setting, the better they relate to course content. Mature students with work experience often prefer distance education so they have flexibility for work and family commitments. Funding needs to be adequate to support practicum participation, faculty contact time and practicum supervision.

On-site Practicum

Practicum experiences are critical to the quality of education that a student receives. Students bear the costs of travel to a practicum location, accommodations for 3 weeks and loss of wages during this time period. Loans for part-time students are available, but as currently employed individuals earn very low wages, loan payments can be prohibitive. Financial support for practicum participation is needed.

Orientation to Technology

Students and faculty need adequate orientation to all types of media and to learn how to best use it to support teaching and learning. When used to increase interactivity with either other students or with materials, learning is enhanced. Faculty need time to prepare for presentations through various technologies.

Isolation

Although some researchers argue that distance education increases the isolation already felt by individuals, measures such as the ones described in this case study can enhance interactivity.

Faculty Assignment

As institutions make the transition to distance education, quantifying faulty time can be challenging. Advance preparation of course materials and delivery through technology is a large and ongoing part of the responsibility. Flexibility in availability to students can be demanding. Adequate time for practicum coordination and delivery, and workplace performance evaluations are also time consuming. An appropriate faculty-to-student ratio can be difficult to determine. This is an area in need of further study.

Structure

Students need a framework for each course with time parameters as goals. They often need flexibility with due dates on assignments. Within course parameters, students also need self-pacing. If some work more quickly than others or some need more time, the differences can be accommodated in this type of delivery. Total individualization and self-pacing were tried for several years, but course completion rates were low. Results of a student evaluation survey indicated a strong recommendation for structure to meet course requirements.

Equity

Counselling, remedial assistance, libraries, computer services and career advice are all supports that distance education students need throughout the program. Students who study from home need uninterrupted time for their studies and family members do not always regard home study with the same importance as school-based study. Institutional standards should ensure that the program of study for distance education meets equivalent outcomes as that for on-site students.

References

Carr, K.C., Fullerton, J.T., Severino, R., & McHugh, M.K. (1996) Barriers to completion of distance learning nurse-midwifery education. *Journal of Distance Education* XI(1): 111-31.

Gottschalk, T.H. (1996) *Distance Education at a Glance: Guide # 1* [on-line]. Available: http://www.uidaho.edu/evo/dist1.html#What

Miller, M.T. & Husmann, D.E. (1996) A holistic model for primary factors in the ecology of distance education course offerings. *Journal of Distance Education* XI(1): 101-10.

Olcott, D., Jr. (1996) Destination 2000: strategies for managing successful distance education programs. *Journal of Distance Education* XI(2):103-15.

Wallace, L. (1996) Changes in the demographics and motivation of distance education students. *Journal of Distance Education* XI(1): 1-31.

Wiesenberg, F. & Hutton, S. (1996) Teaching a graduate program using computer-mediated conferencing software. *Journal of Distance Education* XI(1): 83-100.

Zirkin, B.G. & Sumler, D.E. (1995) Interactive or non-interactive? That is the question! *Journal of Distance Education* X(1): 95-112.

PRESENTATION 3:
Early Childhood Care and Education Learning Outcomes

by Malcolm Read

Introduction

This paper describes the learning outcomes that may be reasonably expected of a graduate from a postsecondary early childhood care and education (ECCE) practitioner preparation program. The learning outcomes described are those considered essential for the provision of high quality early childhood care and education.

Descriptions of the knowledge, abilities, skills and personal attributes were written to:

- include aspects of entry-level ECCE practice—descriptions of learning outcomes that may be reasonably expected for those preparing to be administrators, and for those preparing to practise with infants and toddlers, school-age children, children with special needs and in family daycare;
- reflect that early childhood practice occurs in a variety of contexts;
- reflect that there is no single model of practice;
- be comprehensive without being prescriptive; and
- describe learning outcomes while recognizing the importance of differences in instruction and curriculum in postsecondary ECCE practitioner preparation programs.

No attempt has been made here to detail performance standards. A review of the Canadian literature pointed to a diversity of approaches to the measurement of learning outcomes and competencies. While some describe performance standards as measurable, observable, achievable and clearly written, others debate whether all learning outcomes are readily observable and measurable (Read, 1997).

Procedures

Several steps were used to create learning outcome statements that may be acceptable across the country.

- A draft paper was written based on information drawn from Canadian literature that focused on learning outcomes, performance, measures and competencies.
- The draft paper was circulated to 35 experts across Canada. The reviewers were selected because of their previous involvement in the creation and publication of similar performance standards.
- A second draft paper was created and distributed to a randomly selected group of college ECCE programs across Canada.
- The third draft was then produced.

Professional Model of Early Childhood Practice

Early childhood practitioners have the responsibility to analyze and respond to the contexts in which they care for children. Upon graduation, practitioners need to be able to make reasoned judgments and thoughtful decisions, and apply pedagogical knowledge, abilities, skills and personal attributes that will provide young children with the best opportunities to grow, develop and learn.

Application of Knowledge

In daily practice, practitioners consistently demonstrate that their decisions are based on, or take into account, some or all of the following contextual variables: child, setting, professional, family/parent, community and regulatory.

Graduates require the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of considering contextual variables when providing opportunities for children to grow, develop and learn;
- integrate knowledge of contextual variables into their decision making; and
- evaluate the effectiveness of their knowledge, understanding and analyses of contextual variables that may influence growth, development and learning.

Compilation and Use of Information

- understand the importance of observing and recording the growth, development and learning progress of each child;
- be able to select and use appropriate observation methodologies to identify children's abilities, skills and interests; and
- be able to analyze their observations of children to:
  - prepare and provide developmentally appropriate experiences for children,
  - monitor each child's progress,
  - identify children who may have special developmental needs,
  - appropriately communicate the results of their observations,
  - assist in determining the need for using specific early intervention strategies,
  - integrate their knowledge of each child and reflectively assess the effectiveness of their information-gathering processes and to modify these when necessary.

Approaches

- understand that children grow, develop and learn at different rates and in different ways;
- integrate the knowledge of differences in children into their daily practices so that they:
  - demonstrate respect for individuals,

  - value and express the importance of diversity,
  - provide inclusive experiences for all children,
  - create environments that address the needs, interests and abilities of each child,
  - observe, record and monitor the growth, development and learning progress of each child; and
- evaluate the appropriateness and effectiveness of their practices for each child and change them as required.

Normative Child Development

- understand various theoretical perspectives and their implications for practice regarding normative development of children;
- integrate their knowledge of normative development into their daily practice to:
  - provide developmentally appropriate and culturally sensitive experiences for children that promote the whole child's well-being,
  - provide children with materials and environments that are appropriately educational and challenging; and
- continually evaluate and modify their interactions, expectations and the experiences they provide for children to ensure that they are developmentally appropriate and culturally sensitive.

Nurturing Relations with Children

- understand the fundamental importance of relating to children so that they establish a sense of belonging, of being cared about as well as being taken care of, and of the ongoing presence and availability of a secure and sensitive adult;
- integrate this understanding into their everyday practice to:
  - create atmospheres of belonging, care and pedagogical thoughtfulness,
  - establish relations with children that are built on trust, concern, respect and sensitivity,
  - respond promptly, sensitively and appropriately to each child's need or interest,
  - model positive, prosocial behaviours,
  - act in ways that demonstrate their awareness of and respect for the perspectives of others—particularly those of the children in their care; and
- continually and reflectively evaluate their relationships with children and modify them when needed.

Engaging with Children

- understand that an important way to promote positive and holistic development in children is to engage with them in their daily experiences;
- integrate this understanding into their daily practices so that they:
  - frequently engage children in meaningful conversations,

  - frequently and appropriately engage in play with children, as another player, and demonstrate the pleasure and value of learning; and
- reflectively and continually evaluate the nature of their relationships and involvement with each child and modify these as needed.

Creating and Maintaining Positive Environments

- understand the importance of providing children with environments that assist in their growth, development and learning;
- integrate their knowledge of important principles of creating and maintaining appropriate environments for children into their everyday practices to:
  - establish and maintain safe and healthy environments in which children are secure,
  - provide materials, spaces and equipment that are developmentally appropriate and stimulating,
  - create and maintain atmospheres that are positive, inspiring and inclusive,
  - establish predictable everyday routines,
  - organize indoor and outdoor materials, equipment and space to provide children with opportunities to play and learn independently and safely; and
- evaluate the environments that they provide for children and modify them as required.

Activity Planning

- understand the importance of planning to provide children's experiences;
- integrate their knowledge and use of planning strategies into their everyday practices to:
  - develop plans that outline a reasoned progression toward the attainment of desired growth, development and learning outcomes for children, families and colleagues,
  - develop plans that reflect the observed abilities, interests and diversity of all children,
  - plan experiences that are developmentally appropriate, culturally sensitive, address all areas of development and are inclusive,
  - develop plans that incorporate information provided by children, parents, colleagues and other professionals,
  - negotiate with children to develop and implement plans,
  - maintain records of plans and their implementation,
  - develop plans for short- and long-term experiences; and
- evaluate the efficacy of their plans and modify them as necessary so that they reflect the interests and abilities of children.

Practitioners' Respect for Parents

- understand the primary role of parents in the lives of children and the importance of maintaining strong links with family and home;

- integrate and apply their knowledge of relationships with parents, family and home to:
  - establish and maintain open and frequent communication between the ECCE program and the child's parents, family and home,
  - demonstrate respect and provide support for different family structures and diverse parenting practices,
  - actively and meaningfully involve parents and other family members in their child's ECCE experiences,
  - provide resource information to families regarding child care, parenting and other community services; and
- continually reflect upon and evaluate the quality of their relations and interactions with parents and families and modify these as required.

Working Collaboratively

- understand their roles within and across communities that are concerned with the well-being of children and families;
- integrate and apply their knowledge of working collaboratively with others to:
  - identify and communicate appropriately with other community services,
  - refer, encourage and support children and families to use community services,
  - include community services in their planning and in the experiences they provide for children,
  - work as a team member with other professional personnel,
  - establish and maintain professional networks within the ECCE community and with other community service professionals,
  - link in substantive ways with others in the community who have direct responsibilities in the care and education of children (particularly early elementary schools); and
- evaluate the effectiveness of their community links and collaboration with others and to change these as required.

Preparation

- understand the importance of being well prepared in order to work effectively with young children;
- integrate and apply this understanding into their daily practice to:
  - monitor and maintain their physical and psychological health,
  - base their actions and decisions on reflections of previous practice and on observations of the practices of others,
  - maintain the integrity and currency of their practice through active involvement in professional development activities; and

- evaluate their own preparedness for working with children and modify their behaviours as necessary.

The Legal, Moral and Ethical Frameworks

- know and understand the standards of conduct expected of ECCE practitioners as determined by local, provincial or national legislation and by the ethical standards established by the profession;
- integrate and apply these standards of conduct consistently as a part of their daily practice; and
- reflectively evaluate their conduct in light of the expectations of society and the standards of the profession and adjust their actions when needed.

Practice

- understand the professional responsibilities of maintaining professional integrity in their practice, working to enhance the lives of children and families, and improve the ECCE profession;
- integrate and apply this understanding into their daily practices to:
  - engage in thoughtful and reflective conversations and other forms of exchange with colleagues, children, parents and other professionals,
  - participate with other ECCE practitioners in advocating for services to children and families and for improvements in the ECCE profession,
  - actively contribute to the bodies of knowledge and practices regarding the provision of quality ECCE services; and
- evaluate the extent to which they continue to meet these professional responsibilities and to make changes as necessary.

Lifelong Learners

- understand the importance of remaining lifelong learners and integrate and apply this understanding into their daily practice to:
  - reflect and build on previous experience and knowledge,
  - identify, plan and implement personal and professional development experiences,
  - contribute to the professional development of other ECCE practitioners,
  - keep abreast of new understandings about how children grow, develop and learn,
  - contribute to discussions and changes in public social policy that affect children, families and ECCE practice,
  - act in ways that consistently demonstrate their ongoing commitment to the well-being of children and families; and
- monitor their professional progress and make changes when necessary.

Reference

Read, M. (1997). *Occupational Profiles of Child Care Practitioners in Canada*. Ottawa: Canadian Child Care Federation.

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PRESENTATION 4:
Needs Assessment: Training for Professionals Who Work with Young Children

by Chaya Kulkarni and Carol Crill Russell

Introduction

Research from neuroscience now confirms what has been evident to many in the child-serving professions – the first 5 years of development are crucial in a child's ability to learn, to trust, to love and to develop a strong sense of self. While parents have a pivotal role in their child's development, study after study show children are affected by all of us who touch their lives: daycare providers, social workers, psychologists, speech and language therapists, child welfare workers and family support workers. The more professionals know about healthy child development, the better caregiving practices and programming will be.

Invest in Kids Foundation, a national organization dedicated to healthy development of children from birth through age 5, decided to examine whether the research on brain development, as well as the more generic areas of child development such as attachment and ages and stages of development, are in the standard repertoire of professionals who regularly work with infants and young children. In addition, the Foundation wanted to know what child development topics are of interest to professionals for further training.

This training needs assessment grew out of two observations about the current state of training and education in child development:

- Knowledge about child development is expanding exponentially to accommodate the new findings from brain development research.
- The transfer of new research to current practice does not always happen in a timely manner.

Purpose

The Foundation initiated this study to assess professionals' judgment of their knowledge about child development to identify training needs and gaps in the area of healthy child development, and to inform decisions by both the Foundation and the professions about future training directions.

Research Approach

The Centre for Research and Education in Human Services in Kitchener, Ontario conducted the survey for Invest in Kids Foundation. The researchers sent questionnaires to the following types of experienced professionals:

- Early childhood educators
- Child welfare workers
- Public health nurses
- Family support workers
- Children's mental health psychologists and social workers
- Speech and language therapists
- Infant development specialists

Participation in the survey was voluntary. Respondents who reported spending less than 25 percent of their time actually working with children aged 0 to 6 and their families were dropped from the analysis. In total, 370 completed questionnaires that were eligible for analysis, averaging 50 returns per profession. The response rates were generally geographically representative of Ontario, with slightly higher returns from the North and slightly lower returns from the Southeast.

The questionnaire focused on key topics about early child development and administrating effective programs for families with young children. This report covers the child development area, which was designed to reflect a comprehensive, yet manageable overview of this subject.

Table 1

Key Topics on Child Development

Attachment	Facilitating parenting skills
Brain development	Infant capacities
Child care issues	Multiple births
Child development 0-3	Newborn appearances
Child development 4-6	Parenting capacity
Common parenting issues	Prenatal risk factors
Cultural sensitivity	Transition to school
Early identification and assessment of special needs	

Respondents rated each of the above topics for:

- personal knowledge level;
- personal assessment of the importance to his or her profession; and
- personal interest in further training.

Summary of Key Findings

Personal Knowledge Level

The seven professions, when examined as a whole group, rated themselves as having the most knowledge about early identification and assessment, parenting, child development and attachment. In comparison, the group of professions as a whole rated its knowledge level of brain development as the lowest, followed by topics about birth (e.g. prenatal risk factors, infant capacities, newborn appearances and multiple births), cultural sensitivity and transition to school.

The high knowledge and low knowledge ratings of child development topics on a profession-by-profession basis appear as follows:

Table 2

Personal Knowledge Level by Profession

Profession	High Knowledge	Low Knowledge
Child Care	• Child care issues • Common parenting issues • Child development 0-6	• Multiple births • Brain development • Newborn appearances
Children's Mental Health	• Common parenting issues • Facilitating parenting skills • Child development	• Multiple births • Brain development • Infant capacities
Child Welfare	• Parenting capacity • Child care issues • Attachment	• Brain development • Infant capacities • Newborn appearances
Family Support	• Common parenting issues • Child care issues • Child development 0 - 6	• Multiple births • Brain development • Cultural sensitivity
Infant Development	• Child development 0-3 • Early identification • Common parenting issues	• Parenting capacities • Transition to school • Brain development
Public Health Nurses	• Common parenting issues • Child development 0-3 • Prenatal risk factors	• Transition to school • Brain development • Cultural sensitivity
Speech and Language	• Child development 0 - 3 • Child development 4 - 6 • Infant capacities	• Multiple births • Prenatal risk factors • Attachment • Brain development

Personal Assessment of Importance

The respondents rated the following child development topics as most important to their professions: early identification and assessment, parenting, child development, attachment and brain development. The topics of less importance included transition to school, issues around birth (prenatal factors, newborn behaviour and multiple births) and child care issues. This is the same order as for high and low knowledge, except brain development and child care issues are reversed. Brain development is viewed as highly important and child care issues are reported to be of low importance to the group of professions as a whole, although all professions as a group report they have high knowledge about child care issues.

Knowledge Gap

Statistics were derived for each respondent to measure the gap between the reported level of importance assessed for each topic and the reported level of knowledge about the topic. On a profession-by-profession basis, the top two topics with the greatest gaps between high importance and low knowledge levels are as follows:

Table 3

Two Largest Gaps Between High Importance and Low Knowledge

Profession	Two Largest Gaps Between High Importance & Low Knowledge
Child care	• Brain development • Early ID/assessment
Children's mental health	• Brain development • Parenting capacities
Child welfare	• Brain development • Infant capacities
Family support	• Brain development • Parenting capacities
Infant development	• Parent capacities • Brain development
Public health nurses	• Brain development • Infant capacities
Speech and language	• Brain development • Cultural sensitivity

Brain development is the topic with the largest, or second largest, gap between level of importance and level of knowledge in each of the seven professions. In simple terms, professionals in each occupation think brain development is important to their work, but they do not know much about it.

Personal Training Interests

At the end of the questionnaire, the respondents were asked to list their personal preferred list of topics about which they needed to know more to do the best possible job of supporting healthy child development in their profession. While the data presented up to this point represent participants' reactions to a preselected list of training topics, this final question allowed people to list any topic about which they wanted to learn more. The topics that emerged most frequently are listed below.

Table 4

Topics of Interest for Training

Topic	No. & % of Respondents Who Mentioned the Topic	
Assessing & dealing w/ parenting skills and capacities	97	28%
Appropriate age and development milestones	54	15%
Risk factors and risk assessment	49	13%
Staff boundaries and issues regarding work environment	42	11%
Assessment and intervention for children w/ special needs	41	11%
Infant development	41	11%
Providing family support & dealing with family dynamics	38	10%
Attachment and bonding	37	10%
Community resources and collaboration	31	8%
Brain development in the early years	28	7%
Cultural issues and sensitivity	22	6%

This more qualitative approach to determining training needs produced results similar to the more quantitative approach of the predetermined checklists. Brain development and cultural issues are mentioned by only a small proportion of the respondents as topics of interest for training, while topics such as parenting skills and capacities are the most popular.

Training Paradox

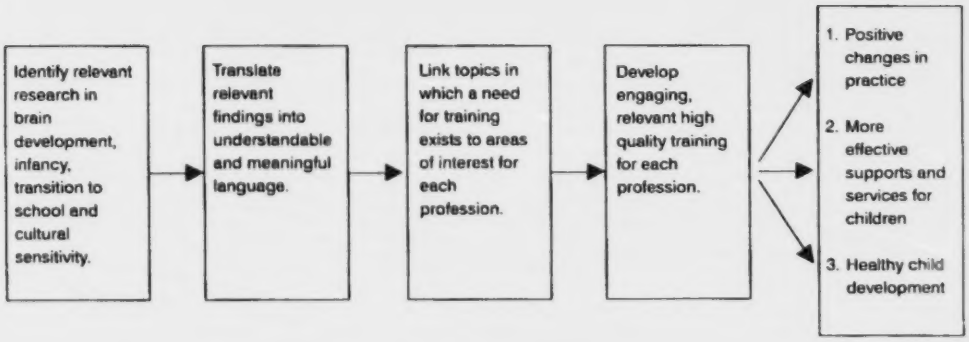
Professionals are most interested in receiving training on parenting capacities and skills, areas in which they already report high knowledge, and least interested in receiving training on

brain development and cultural issues, areas in which they have least knowledge, but which they also identify as important.

Implications

Professionals are unlikely to welcome training in areas of little interest to them, even if they know the topics are important. The challenge is to create a course of professional improvement in key areas of child development that is both engaging and relevant. In other words, we need to attract professionals to new child development topics in ways that capture their interest. The figure below provides a suggested path to achieving these two goals:

Figure 1


Identify relevant research in brain development, infancy, transition to school and cultural sensitivity.
Translate relevant findings into understandable and meaningful language.
Link topics in which a need for training exists to areas of interest for each profession.
Develop engaging, relevant high quality training for each profession.
1. Positive changes in practice
2. More effective supports and services for children
3. Healthy child development

Conclusions

In laying the groundwork for training in child development, it is not enough to identify what professionals know and do not know, or what they think is important or not important. We need to know what professionals want to know. We cannot assume that if they think they already know an area well that they do not want more training in it. Nor can we assume they will want training in an area they identify as important.

This research uncovered a "training paradox." Professionals appear to want training in child development areas they already think they know about, and not to want training on topics they say are important, but about which they know little. Since the topics viewed as important (brain development, cultural sensitivity and transition to school) are easy to relate to the topics the professionals say they want training (such as parenting capacities and skills), the most promising training approach is to marry the

topics-of-interest to the topics-of-importance. This is a path to narrow the gap between knowledge and practice.

Funded by the Invest in Kids Foundation.

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E - 3

Day Care, Diversity and Health

Research for Action

by Jane Hewes and Lynn Groves Hautmann

Project Summary

Day Care, Diversity and Health is a collaborative action research project, jointly funded by Canadian Heritage, the Capital Health Authority in Edmonton and the Clifford E. Lee Foundation. The purpose of the project is to learn more about how to support front-line providers working in diverse communities of children and families, recognizing that the caregivers themselves come from diverse backgrounds.

The project is focused on creating the conditions for positive change in three daycare sites over a 10-month period. These sites are characterized by diversity of both staff and families, high rates of subsidy, and the cooperation and demonstrated interest of directors, owner-operators, boards, families and staff. They represent both private and not-for-profit organizations from different neighbourhoods in the city.

The outcomes of the project are being defined by the staff and families at each site. The project is unfolding within a community development, health promotion framework. Project staffing is designed to be flexible and responsive. It may include community developers, community health workers, cultural brokers, early childhood professionals and community outreach workers as needed. These people will assist staff and families in exploring critical issues, identifying and securing the resources to support change, and taking action.

Members of the multisectoral steering committee will identify and take action on the institutional changes required to support front-line staff in new ways, based on our understanding of what resources and supports are needed to make a difference at the local level. By interpreting and generalizing these results within an institutional framework, other centres will also benefit. By actively stimulating multidisciplinary dialogue about issues related to diversity and health in daycare settings, we hope to come to new understanding and insight.

Our work is supported by a team of evaluators. During the project development phase, they assisted the steering committee in defining roles and refining questions. They continue to work with us in the pilot phase, ensuring that the inquiry process is systematic, reflective and authentic. They are documenting on two levels—the level of institutional change and the project site level—and are posing questions that assist in identifying action for change.

Our language has evolved with our understanding. We speak now about an "inclusive practice" and "bias-free" programming, founded not just on cultural diversity but on a range of aspects of diversity, including race, culture, age, gender, economic class and ability.

Beginnings

In January 1997, many of the original players in the two projects spearheaded by the Alberta Association for Young Children (AAYC) came together again to look at next steps. We knew that the situation in daycares was desperate—for caregivers as well as families. Each of the project partners brings a slightly different agenda. The AAYC and the Early Childhood Professional Association of Alberta (ECPAA) are concerned about the health and well-being of child care workers. The Child and Family Resource Association (CAFRA) is a regionally based organization concerned with improving quality in daycare.

The Capital Health Authority has an interest in providing early intervention and support in daycare for children at risk for developmental delay, chronic health conditions and failure at school. Canadian Heritage is particularly interested in institutional change, both at the daycare site level and within the larger institutions of health, education and training, as well as licensing and regulating. Grant MacEwan Community College is interested in learning more about training for inclusive practice, on-site training and ongoing professional development around issues related to diversity and health. The Alberta daycare services department is looking for new and innovative ways to provide incentives to improve quality in the field.

Findings from Phase I

From June through September 1997, 14 focus groups were held with daycare families, staff, owners and directors, public health nurses and inspectors, licensing officers, early childhood educators and students, and parent groups from ethnocultural communities. We provided food and child care and listened to people talk.

Focus groups were selected from sites that met the project criteria, in an effort to develop interest and commitment to Phase II and to allow interested daycare centres to self-select as pilot sites. We had active participation and support from licensing officers in identifying potential sites. Information about the focus groups was published in *Daycare Matters*, the

provincial government newsletter. Phase I also included a review of literature and existing resources to address diversity and health issues in early childhood settings.

Fourteen major issues were identified. Not surprisingly, the most critical issue was funding. Owners and directors are still reeling from the recent decision to eliminate the provincial operating allowance to daycare centres in Alberta. Parents expressed continuing frustration with access to subsidy and staff are concerned about low wages.

The lack of financial resources is aggravated by the continuing decline in access to specialized supports. Daycare owners and directors speak about the increasing needs of children and families, the stresses this creates for staff and the lack of appropriate community resources to address these critical issues. Public health nurses no longer visit periodically. Waiting lists for speech and language services and other health assessments are impossibly long. Staff are struggling to respond to critical behaviour issues with children.

Directors are faced with families in crisis. Neither they nor their staff have the training or the resources to respond. Yet, there was recognition and considerable respect expressed by parents and families for the work of caregivers. Many expressed a desire to work more closely with staff. They had a clear understanding of quality care. The barriers to accessing quality care for their own children were related to access rather than ignorance or lack of interest. Quality care with trained providers is either unaffordable or not conveniently located. Parents expressed concern with behaviour, nutrition, access to sick care and incidents of intolerance for diversity.

Comments from stakeholder groups external to daycare sites—community health nurses and inspectors, licensing officers and field placement coordinators from training institutions—reflect the desperation expressed at the front-line. They reveal an increasing concern with quality and an underlying deterioration of their relationship with daycare staff and families.

The next task of the steering committee was to identify project starting points, strategies and approaches that were consistent with our original purpose and yet responsive to the needs and issues at the front-line.

Phase II

We began work in February with three daycare sites in north Central Edmonton. This is an area of the city characterized by high diversity and high poverty, but also known for its innovative community health promotion initiatives and resources. Two of the sites were involved in Phase I. Two are non-profit daycare centres; one is privately owned. All three centres are located in elementary schools. One of the centres has higher levels of staff training and standards owing to its involvement in a municipally funded daycare initiative. All of the centres struggle with extreme poverty among families. Many of the children have mild developmental disabilities.

The approach to Phase II is to build on strengths and existing capacities and resources, linking sites to one another and strengthening the connections to community resources for support. Our notion is that the conditions for positive change rest in the relationships we are able to develop— among the players at the project site level and among the institutions and organizations at the steering committee level.

At the project site level, the starting points include regular gatherings of directors and owners, family gatherings and staff development sessions. The project staff meet regularly with the steering committee, which interprets the project findings from the perspective of systemic/institutional change, relationship-based learning and good practice.

Initial contact with each of the sites confirmed the findings from Phase I and deepened our understanding of the issues specific to each site. Directors and owners expressed concern with food security, family violence and alcoholism, the mental health of caregivers, access to relevant training, time and resources for staff development, and the negative public perception of daycare as "babysitting."

After the initial meeting, the directors agreed to continue to meet together regularly. These meetings are also attended by project staff, a licensing officer assigned to the project and a representative from the public health centre. Plans are under way to include a representative from child welfare and our social assistance program, SFI (Supports for Independence), at these meetings as well.

Initial gatherings with families have been held at each site. These meetings provide participants with child care, dinner and a small honorarium to recognize the additional and hidden cost of participation incurred by people who work long hours in low-paying jobs. The invitation to attend was extended personally by the directors and owners. Approximately 12 parents attended the initial meeting at each site. Plans have been made for more gatherings at each of the sites. Attempts will be made to reach out to parents who did not attend. Interestingly, the participants were not just the ones who always volunteer for committees and boards. These gatherings targeted and attracted a very diverse and different group of families.

Parents and families spoke about the positive interactions they want to see between caregivers and between caregivers and their children. This increases their feelings of confidence and security in the care they have chosen. They appreciate the diversity of cultures in staff and families and gave examples of how personal relationships can increase our understanding of diversity.

At the first meeting with staff groups (held at each site separately), the most pressing issue was relevant training. Over half of the staff are working with the minimum level of certification. Most of these staff expressed a desire to improve their level of certification. Staff spoke about the barriers to improving their education. There is no increase in pay, the

cost of tuition is high, and time and energy are ongoing issues. This is important and useful information for advocacy organizations and public decision makers.

This led to the creation of a series of staff development sessions. The first of these sessions has been held with multisite participation of more than 35 front-line staff. Staff identified communication with parents as a high priority for skill development, expressing a desire to know more about making families feel welcome, reaching out to parents who seem unresponsive, and finding ways of communicating effectively with parents. They also identified developmental assessment of children, mental health issues of caregivers, and responding to the diversity of children's needs as areas where additional training would be relevant.

Insights

Building a stronger relationship between caregivers and families is emerging as a central theme in addressing the issues of diversity and health in daycare settings. Each group is expressing a desire to be better connected to the other. Their ways of framing and understanding the issues are somewhat different, but there is clearly a common goal.

Small starting points are already being identified. For example, rather than trying to get parents to attend educational workshops, one staff member suggested that we hold regular parent-caregiver conference sessions to talk about children's interests and progress, arguing that this might be more relevant to families. This would require that staff develop some practical and simple strategies for recording and assessing children's developmental progress. This could become a focus of some of the staff development work.

The steering committee and project staff are talking about the benefit of engaging children, parents and caregivers alongside the experts in an ongoing assessment of children's development.

Building relationships between families is also emerging as a positive factor in addressing issues of diversity and health. One of the most critical insights from the current project is that the capacity of parents and families to get together is limited. We often assume that they are unwilling or they do not want to attend. The realities of raising a family on a low income and working long hours present many barriers to getting together. These gatherings are positive and create much needed social supports for families. The steering committee is discussing the importance of justifying this simple approach to funders.

There is a focus in the project on looking at the ways in which licensing can support and build quality in the field as well as monitor and regulate. At the very least, we will have a new understanding of the potential and the complexity of this relationship. At best, we will be able to identify pragmatic, achievable strategies to build a more supportive relationship between licensing officers and daycare staff.

The local public health centre is involved, hoping to identify a new presence for public health in daycare. A community health nurse with expertise in neuropsychology is meeting regularly with the project team and the directors to explore ways of providing parents and caregivers with simple growth and development assessments. The possibility of providing drop-in, on-site immunization is also being explored.

Grant MacEwan Community College will explore ways of connecting the learning in staff development sessions to course content in the diploma program, to innovative delivery methods for a community of diverse and tired learners, and to ongoing professional development opportunities. One simple suggestion has been to bring faculty together to discuss the project insights in relationship to our part-time evening program which targets this community of learners. There may also be new content emphasis and insight about what is required to build relationships with families.

Next Steps

This article is written 4 months into a 10-month project. New directions will likely emerge as we continue to respond to issues identified by staff and families. We are beginning to develop a communications and distribution plan for the insights we gain in an effort to plant the seeds of systemic change.

We have also secured funding in this project to create a library of resource materials—reference books, playthings, parent resources, children's books—that daycare staff and families might find useful in supporting their work with diversity and health issues. One of the major tasks remaining for the steering committee is to develop a plan to make this resource available in the wider community after the project is completed.

Funded by Canadian Heritage and the Capital Health Authority in Edmonton.

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E-4

The Atlantic Day Care Study and the Child Care Management Study

by Mary Lyon and Patricia Canning

Introduction

The purpose of this paper is to report the findings of the Atlantic Day Care Study (ADCS), specifically those related to the issue of auspice (i.e. who operates the centres) and quality of the environment provided. A second purpose is to report the initial findings of the follow-up to the ADCS, the Child Care Management Study (CCMS), which attempted to investigate the organizational factors that contribute to the superiority of non-profit centres found in the ADCS.

Atlantic Day Care Study

The ADCS investigated the characteristics of daycare centres in Atlantic Canada and the relationships between provincial legislation, auspice, location of centres, centre quality, family background variables and child development. The study involved detailed observation and information gathering in a sample of 48 centres, drawn randomly from provincial listings of daycare centres. The sample of centres included 24 non-profit and 24 for-profit centres in rural and urban areas of the four Atlantic Provinces. The results of this study have been reported in detail elsewhere (Lyon and Canning, 1995).

There were no overall differences in the ratings of centres on the Early Childhood Environment Scale (ECERS) in different provinces or between centres in urban and rural areas. There were significant differences in ratings between for-profit and non-profit centres.

Non-profit centres were rated significantly higher on total ECERS and on all sub-scales. When large and small centres were examined separately, the differences were significant only between for-profit and non-profit centres with enrolments greater than 30.

These findings are consistent with the research literature on quality of child care which indicates the superiority of non-profit centres in providing high quality environments for children and better benefits and working conditions for the adults who work with them (Canadian Day Care Advocacy Association and Canadian Child Day Care Federation, 1992; Whitebook, Howes and Phillips, 1990). What is not so clear is exactly how and why auspice makes a difference and what the implications of this research are for policy and practice.

One explanation has been that differences in government funding to non-profit centres is the critical factor. This clearly accounts for some differences in some provinces (e.g. the higher salaries paid to teachers in non-profit centres than in private centres in Nova Scotia and the resulting higher levels of specialized education of this group of teachers).

Funding does not, however, explain all the differences. Non-profit centres were rated higher in all provinces regardless of funding policies. Similarly, Whitebook, Howes and Phillips (1990) found non-profit centres to be rated higher even when no additional funding was involved. SPR Associates (1986), in an earlier analysis of differences by auspice, concluded that it was a function of non-profit status rather than funding that made the difference.

Friesen (1992), in a sociological analysis of daycare centres, concluded the differences were accounted for by organizational differences in the two types of centres. The ADCS provided some support for this explanation as it found differences in the reported explicitness of organizational structure between non-profit and private centres. There were significant differences between the two types of centres in the reported clarity of roles, defined as the presence or absence of job description, contracts, parent information manuals, staff information manuals and established communication procedures. The finding that the differences were significant only in centres enrolling more than 30 children makes sense when examined from an organizational point of view. More informal organization may work in smaller centres or, at least, lack of formal policies and procedures may not have the same effect as in larger centres.

Other factors that may be relevant are:

- the requirement for non-profit organizations to be more accountable;
- the opportunity for them to benefit from the input and expertise from the board and the wider community;
- the different motivations of those running them;

- different motivations for improving standards;
- different perspectives toward, and roles played by, parents as consumers;
- the traditional concern for standards of service;
- and the greater separation of the purchaser and provider in the non-profit sector (SPR Associates, 1986: Quarter, 1992).

This research raised some questions of direct relevance to child care policy and regulations that will help promote and assure high quality child care. If differences in centres operated under different auspice are primarily a function of differential funding, this has political and social policy implications. If there are differences in organizational factors that can be identified, there may be implications for legislation, for training and for recommendations to all centres, directors, boards and owners.

Child Care Management Study

Daycares essentially are run as individual small businesses, whichever sector runs them. There is to date scant information on the management of centres and little knowledge of the nature of daycare centres as organizations (as opposed to environments for children and staff). Analysis of the organization from a business management perspective to produce a picture of the degree of formalization, centralization and complexity of the structure (Robbins, 1995) will help determine how management and organization affect the characteristics and quality of the program and services offered.

The results of the ADCS gave initial but limited support for the hypothesis that non-profit centres are both more complex and more formalized and less centralized than for-profit centres. The CCMS was designed to investigate this further by examining management and organization in both types of centres.

The CCMS examined in detail how daycare centres are operated and managed in order to identify differences in organization and management of non-profit and private centres, and characteristics of organizational structure and management that are linked with high quality programs operated under either auspice.

Sample

A random sample of non-profit and for-profit daycare centres (with the exception of Saskatchewan which does not have for-profit centres) from each province and territory was drawn from provincial/territorial daycare listings. Directors were contacted by telephone and letter asking for agreement to participate in the study. If they agreed, their questionnaires and those for teachers and owner or board chairperson of their centre were mailed to them.

Centres not agreeing to participate were replaced in the sample by another centre drawn at random. In the Atlantic Provinces, the sample was from the ADCS with additional centres drawn at random from the other provinces as needed.

Forty-five centre owners and 70 board chairpersons returned questionnaires, as did 74 directors of non-profit centres and 63 for-profit centres. Eighty-two teachers from non-profit centres and 43 from for-profit centres participated.

Questionnaires

Questionnaires were developed for the directors, owners and board chairpersons/presidents. These questionnaires were designed to obtain the perspectives of each respondent group on the centre's organizational structure and culture, and on their roles and the roles of the other groups relevant in the management and administration of the centre.

Each respondent was asked questions regarding personal information (e.g. education, experience), child care management and decision-making procedures in their centres, and written policies. Questionnaires for directors and owners also included questions on enrolment, programs, staff, community involvement, financial information (e.g. fees, salaries, sources of funding). Board chairpersons were asked additional questions about board membership and functioning.

Findings

Initial results indicate support for the hypothesis that non-profit centres are both more complex and more formalized but less centralized than for-profit centres. There were no differences in the overall number of locations (non-profit centres were no more likely to operate more than one centre than for-profit centres). Non-profit centres were significantly larger, employed more full-time staff and enrolled more full-time children. Non-profit and for-profit centres were equally likely to have assistant directors and head teachers. Non-profit centres were significantly more likely than for-profit centres to report the following ancillary staff: cook (48% vs. 25%), janitor (35% vs. 10%), secretary (17% vs. 3%), bookkeeper (20% vs. 33%), and to report to a board or advisory committee (96% vs. 29%). These non-teaching positions in centres will reduce the non-teaching, non-child or program-related functions of both teachers and directors.

There were clear differences between non-profit and for-profit centres in terms of formalization, as measured by the existence of formal, explicit, written policies and processes. While both were equally likely to have a general policy manual for parents

(96% vs. 89%), there were significant differences in the reports of a personnel policy manual for staff (87% vs. 64%). Non-profit centres were significantly more likely to provide teachers with written job descriptions (92% vs. 73%), formal salary scale (76% vs. 47%), written grievance procedures (70% vs. 34%) and to have formal performance appraisal in place (80% vs. 43%). In addition, 80 percent of teachers in non-profit centres felt that their job descriptions accurately reflected their responsibilities compared to 58 percent of teachers in for-profit centres. This may indicate the many non-caregiving duties teachers in for-profit centres may have, as indicated by the lower numbers of support staff in such centres.

The term "centralization" refers to the degree to which decision making is concentrated at a single point in the organization. Decentralization is reflected in the input "lower level" personnel have or the discretion they have to make decisions. This construct was measured in this study through questions that presented scenarios for proposed change and problems with payment or spending of donations, and questions that asked who would have input into the decision and who had the authority to make the decision. A clear pattern of statistically significant differences between non-profit and for-profit centres emerged. Non-profit centres report much more decentralization—there is more input from teachers and discussion between director and board. In for-profit centres, the decision is often made by the director or owner alone (often the same person).

The relationships between the measures of centre quality in the ADCS and the measures of complexity, formalization and centralization in the CCMS are currently being analyzed for the 25 centres which participated in both studies. Even without these data, the results of our present investigation appear to be adding valuable information to the debate about auspice in child care and identifying crucial characteristics of daycares as effective organizations. A full report will be available later this year.

References

Canadian Day Care Advocacy Association & Canadian Child Day Care Federation (1992) *Caring for a Living: A Study on Wages and Working Conditions in Canadian Child Care*. Ottawa: Authors.

Friesen, B. (1992) "A Sociological Examination of the Effects of Auspice on Day Care Quality." Unpublished doctoral dissertation, University of Calgary.

Lyon, M. & Canning, P. (1995) *The Atlantic Day Care Study Final Report*. St. John's: Memorial University.

Quarter, J. (1992) *Canada's Social Economy: Co-operatives, Non-profits and Other Community Enterprises*. Toronto: Lorimer.

Robbins, S.P. (1995) *Organizational Behavior: Concepts, Controversies, and Applications*. Englewood, N.J.: Prentice-Hall, Inc.

SPR Associates/National Mail Surveys (1986) *An Exploration Review of Selected Issues in For-profit versus Not-for-profit Child Care*. Paper prepared for the Special Committee on Child Care, Toronto.

Whitebook, M., Howes, C., & Phillips, D. (1990) *Who Cares? Child Care Teachers and the Quality of Care in America*. Oakland, Calif.: Child Care Employee Project.

These studies were funded by Health Canada and Child Care Visions, Human Resources Development Canada, and sponsored by Mount Saint Vincent University and Memorial University, respectively.

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E-5

School-age Care Programs Across Canada

by Ellen Jacobs, Donna White and Davina Mill

Introduction

This workshop presented findings generated in the first year of a 3-year research project funded by Child Care Visions, Human Resources Development Canada. The goal of the National School-Age Child Care Study is to conduct an intensive examination of school-age child care in all provinces and territories in Canada.

Regulations Governing Licensing

In the first workshop, the regulations that govern the licensing of school-age child care programs in each of the provinces and/or territories were identified. In several provinces, no clear delineation exists between the jurisdictional rights of child care ministries and education ministries because school-age care programs are often housed on the school site which results in blurred responsibility. The need for programs to be licensed varies among jurisdictions, sometimes according to who hosts the program (school-based programs may be exempt from licensing) and does not seem to be based on consistent rationale. For instance, in Nova Scotia single-focused recreation programs are not required to be licensed, but the YMCA must be.

Several of the licensing criteria were presented in depth. Adult-to-child ratios, group size, staff training, child supervision and quality assurance procedures were reviewed. Adult-to-child ratios in Manitoba, Ontario, New Brunswick and Prince Edward Island differ according to the ages of the children in the group. In Ontario, New Brunswick and Prince Edward Island, the ratio for 5- to 6-year-olds is 1:12; for 6- to 12-year-olds it is 1:15. In

British Columbia, the ratio is based on the grades the children attend. In kindergarten through Grade 1, the ratio is 1:10 and in Grade 2 and up the ratio is 1:15. In Alberta, the ratio varies with each municipality's regulations and in Saskatchewan the ratios vary according to the activities in which the children are engaged. For instance, the ratios are usually 1:15 for 6- to 12-year-olds, but on field trips the ratios must be 1:10. The regulations for maximum group size vary greatly. Although the rule of thumb appears to be that the maximum group size may be twice the adult-to-child ratio, Edmonton allows it to be three times the ratio, making 36 children the largest maximum group size for any of the jurisdictional regulations in Canada.

Staff employment requirements include minimum ages for care providers in all provinces except Alberta, Manitoba, Newfoundland and Prince Edward Island. The training components for staff employment vary greatly among the provinces and territories. In several municipalities in Alberta, Manitoba, Ontario, Nova Scotia and Yukon, mention is made of an early childhood education (ECE) certificate or diploma requirement. In British Columbia, Saskatchewan, Quebec, New Brunswick, Newfoundland and Northwest Territories, there are no requirements.

In all provinces and territories, programs are subjected to a monitoring process. Most jurisdictions have well-documented regulations about the procedures to be followed by those monitoring quality of care provided in school-age programs. Monitoring involves a minimum of one visit per year everywhere except Alberta, Saskatchewan, Manitoba, New Brunswick and Yukon where three to four visits are required annually. The number of elements monitored vary greatly among the provinces and territories.

Questionnaire Responses

In the second part of the workshop, the questionnaire responses of 430 Canadian educators from all provinces and territories were summarized. Educator or child care provider characteristics, training, wages and working conditions were described. Like preschool child care providers, school-age providers were mostly women (96%) and more than half were married (58%). School-age care providers were older (mean age = 33 years) than their preschool counterparts. School-age child care providers were well educated: the mean level of education in Canada was a 2- or

3-year college or CEGEP diploma. Many had university degrees (36%). Educational level was similar across the provinces. These women were being paid $12 per hour, most did not work 35 hours per week and few had benefits such as paid overtime, sick leave, paid vacation time, dental plans or pension plans. There were significant provincial

differences in wages, with the average wage in Quebec being about $15 per hour while the average wage in the eastern provinces (Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland combined) was about $8. The average wage in other Canadian provinces and territories is less than $12 per hour.

With respect to working conditions, 86 percent of the centres were non-profit. Sixty-four percent were school-based while 25% were located in a preschool program and 11 percent were administered in community centres. Most educators reported that their centre had access to a playground, telephone and cleaning staff. It must be noted that 7 percent of child care providers reported that they rarely or never had access to a telephone. While this percentage is small, it is also important because a telephone is necessary for parent–caregiver communication and in emergencies. Only some school-age caregivers had access to adult bathrooms, office space or a lounge.

The most positive finding in the study was that school-age child care providers found the environment within the centre congenial. They felt supported by co-workers and directors, able to talk with them and to discuss problems about children or the centre. School-age care providers specified that they would like more respect from society and parents, better benefits and better wages. Nonetheless, in spite of low wages, poor benefits and fair working conditions, school-age educators stayed in their jobs an average of 4.5 years and seemed to find interpersonal rewards working in school-age care.

Measures of Quality

In the third part of the presentation, the various measures of quality such as self-report, characteristics that could be regulated and global ratings based on observation and interviews with centre directors and staff were discussed. A strong case was made for the idea that questionnaire data can be greatly enhanced by observation and interview. The School-Age Care Environment Rating Scale (SACERS) was described and some specific items were used to illustrate how the scale is scored. Workshop participants were encouraged to discuss the contents and uses of this observational scale. Examples of constructive uses of the SACERS, such as how it can be used as a tool for research, for centre self-evaluation and for lobbying purposes, were provided by the audience and discussed. Misuse of observational scales and limitations of relying on any one form or definition of quality were obtained from the audience and a case for multiple measures of quality was made. A brief description of the project currently under way for the second year of the National School-Age Child Care Study, which involves observations, interviews, global ratings and characteristics that could be regulated in 120 centres selected from Vancouver, Toronto and Montreal/Quebec, was given.

Funded by Child Care Visions, Human Resources Development Canada.

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E·6

Case Studies of Canadian Family Resource Programs

Supporting Families, Children and Communities

[Presented as "Child Care from a Family Support Perspective"]

by Irene Kyle and Maureen Kellerman

Introduction

What is a family resource program? Is it possible to come up with a definition that identifies common program components and ways of working, while accommodating the diversity inherent in programs that respond to varying family and community needs? What is the range of program components offered? Specifically, what role do child care services, employment support programs and community economic development initiatives play in family resource programs? What are the important lessons that experienced programs have learned about developing their programs and supporting children, families and communities? What are some of the major issues and barriers that family resource programs face in doing their work?

These are some of the questions that have been addressed in a 2-year research project undertaken by Irene Kyle and Maureen Kellerman, with the assistance of Geneviève Cloutier and Marilyn Noble, on behalf of the Canadian Association of Family Resource Programs (FRP Canada), a national non-profit association focused on supporting the development of community-based family resource and family support programs across Canada. The project was funded by Child Care Visions, Human Resources Development Canada.

Purpose of the Case Studies Research Project

The purpose of the research was to learn more about the nature and scope of Canadian family resource programs by conducting case studies of 15 established programs. The researchers attempted to include as broad a cross-section of programs as possible, in order to understand and describe the potential scope and diversity of Canadian family resource programs. As well, the researchers looked for programs that had demonstrated innovative practice in responding to the child care and employment support needs of the families, children and communities they serve. While the findings of the study are based on a diverse sample, they cannot be considered representative of all family resource programs.

The study included programs in nine provinces, serving rural and urban communities and families of varying income groups and cultural backgrounds. Programs varied also in their size, complexity and stage of organizational development. While some programs served a single neighbourhood, others served several communities. Several programs were part of large multiservice community organizations offering a broad range of social services. All programs were involved in various kinds of collaborative and partnership arrangements with other groups and organizations in their communities.

While all organizations considered themselves family resource programs—at least in part—they originated or were sponsored by different groups. Included in the study were a popular education centre, a military family support initiative, a women's centre, an immigrant settlement agency, several early intervention programs, and parent, family or community resource centres, including one "Neighbourhood House" and several "Family Places."

Methodology

Through the collection and review of existing program documentation and site visits to each organization, researchers obtained information about:

- how the programs first began, and how they evolved over time;
- the community context in which each program worked;
- their mission statements, values and philosophy statements;
- the program components offered by each family resource program;
- how programs coordinated their program components in order to offer holistic support to families;
- the kinds of linkages programs made with other community groups and services;
- their governance, organizational structure and staffing; and
- their funding sources.

Additionally, interviews and focus groups were conducted with program staff and, to a lesser extent, board members, participants and community partners, to identify some of the most important lessons they had learned about doing family support work, as well as some of the barriers they had encountered.

The Case Studies Research Report

The research report, *Case Studies of Canadian Family Resource Programs: Supporting Families, Children, and Communities* was published by FRP Canada in 1998, in both English and French. The report includes a brief review of the history of family resource programs in Canada; their theoretical bases, guiding principles and key assumptions; and the social policy context in which they work. Based on the 15 programs studied, the findings include a working definition of family resource programs and a discussion of issues related to defining such programs; a review of program components; a discussion of the role of child care, employment support and community economic development in family resource programs; and a review of key themes and issues that emerged from interviews and focus groups. The report also includes a detailed exploration of the implications of a family support approach to child care. The report concludes with detailed descriptions of the 15 programs included in the study. A few of the research findings are briefly discussed below.

Working Definition and Program Components

One of the reasons why family resource programs are difficult to define is the broad range of program components offered. Based on an analysis of the programs studied, the researchers have proposed the following working definition:

> *Family resource programs are multiservice, non-profit, community-based programs that promote social support, cooperation, collective responsibility (civic mindedness) and citizenship through offering a mix of education, information, activities, material support and other resources to family members and groups of families across a number of service areas. These service areas may include parent/caregiver education, family preservation, child care and development, health and safety, food and nutrition, recreation, life skills, employment support and community economic development, housing, literacy, and community education and leadership development. The range of services offered by family resource programs varies depending on their stage of organizational development, their specific community context, their assessment of community needs and on available resources. Not all services are offered by every family resource program, nor are they necessarily provided directly, but may be offered in partnership through cooperation and collaboration with other local groups and services.*

> *Family resource programs are concerned as much with how they work with families as with the specific program components they deliver. They strive to work in a holistic way that takes into account the systemic and interdependent nature of families' lives and the way families and their members are affected by the communities in which they live. Programs are also characterized by their conscious attention to family support principles which focus on prevention and the promotion of well-being, and seek to foster individual, family and community strengths. Through advocating with or on behalf of families, and actively taking part in or facilitating local social planning and community development efforts, family resource programs work to strengthen community life.*

Within the 15 programs studied, the researchers found over 100 different program components (depending on how they are defined), some of which are noted below. As part of the analysis of the findings, the researchers developed the following 11 categories to group the program components. While some components can be listed under more than one category because they have multiple functions, the following categories give a sense of the wide range of services offered:

- **parent/caregiver education and support** (e.g. parent/caregiver/child drop-in programs, playgroups and child development activities, parenting education courses and workshops, support groups, resource libraries, and information and referral services);
- **family preservation services** (e.g. short-term counseling, mediation and referral; outreach and home visiting);
- **child care and children's programs** (e.g. licensed group child care; various supports to home child care providers; parent relief services; recreational programs);
- **health education and care** (e.g. pre- and postnatal education; health and immunization clinics);
- **material support and nutrition programs** (e.g. community kitchens, food distribution, lunch programs, prenatal nutrition education and food supplements, clothing exchanges);
- **housing** (e.g. temporary housing, settlement housing for newcomers, subsidized family housing);
- **youth programs** (e.g. drop-ins and social/recreational programs; supports to pregnant and parenting teens);
- **literacy programs** (e.g. adult and family literacy initiatives; ESL programs; homework help and tutoring);
- **employment support and community economic development** (e.g. life skills, pre-employment training and counselling for youth and adults; work placements; community economic development initiatives);
- **other adult education and recreation programs** (e.g. recreation programs, workshops and discussion groups); and

- **community education and leadership development** (e.g. support and resources to community groups, training of volunteers, community forums, advocacy initiatives).

Child Care–related Services

The researchers identified a broad range of child care and child development program components within the study sample. These included:

- nursery school and half-day child development programs such as Head Start, kindergarten preparation and parent cooperatives;
- child care centres (serving infants, toddlers and preschoolers) as well as school-aged care, and special school-based programs for children of teen parents;
- support and training for family daycare providers (regulated or independent);
- registration of license-not-required family daycare providers;
- child care hubs, connecting centres (and sometimes family daycare homes) through shared administration, resources and staff support;
- outreach and home visiting provided by a family worker to families taking part in a child care program;
- short-term, occasional or emergency child care, offered in a variety of ways, through halte-garderies, family daycare homes, or parent relief programs operating in drop-in programs and child care centres;
- integration of children with special needs into child care programs, including professional support and training to centres and providers to promote integration;
- child care information and referral for parents and other caregivers, including facilitating access to subsidies and providing information about other community programs and resources;
- rural/seasonal child care programs (which include a number of the above program elements) designed to meet the periodic needs of parents working on farms or in orchards; and
- child minding to support other programs in a family resource program.

The research findings illustrate ways in which a family support approach to child care can be implemented, and what a continuum of complementary child care support services might look like. The researchers noted that programs strove to provide flexible child care services by making provisions for occasional care, emergency care, and part day or part week care, as well as regular, full-time care. Programs typically linked a variety of family supports (e.g. parent education workshops, home visiting, referral services) to their child care services to respond more holistically to family needs. A number of organizations also shared space, equipment and staff between their licensed and other child care programs, such as cooperative nursery schools and play groups. While programs in the study did not offer all the services

listed above, all programs actively worked to coordinate their various child care and family support services to provide integrated services to families. By providing a range of child care services within a multiservice family support organization, programs in the study sample were able to provide families with ready access to a wide variety of family and children's programs.

Funded by Child Care Visions, Human Resources Development Canada.

***Irene Kyle** and **Maureen Kellerman** are co-authors of* Case Studies of Canadian Family Resource Programs: Supporting Families, Children and Communities, *recently published by the Canadian Association of Family Resource Programs.*

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E·7

The Canadian Girl Child Initiative

[Presented as "The Canadian Girl-Child: Growing up Female"]

by Dianne Rogers

Introduction

Since the rebirth of the women's movement in the late 1960s, the subject of women's health and well-being has received unprecedented attention. A strong body of feminist research and literature has emerged closely linking woman's health and well-being to her gender, and her socio-economic, ethnocultural and political status as "female."

Missing from this analysis of women's health and well-being, however, is a portrait of the specific developmental needs, concerns and outcomes of the girl-child. The Platform for Action of the Fourth World Conference on Women compels us to develop a better understanding of the determinants of health that influence the development of girls and young women.

The report represents a call to continue the dialogue and to take action regarding the health and well-being of the Canadian girl-child. We believe that girls and young women must learn how to be powerful contributors, to practise ownership over their own issues and become decision makers.

Existing research shows that today's girls and young women are confronted by a range of obstacles and barriers along their path toward healthy development. The challenge is to uncover the extent to which growing up female has an impact on the healthy development of girls and young women from birth to adulthood.

Research shows that most girls have the skills to meet the demands of preschool and middle years but it does not examine whether they are showing signs or symptoms of vulnerability all

along which are simply ignored or overlooked. By adolescence, girls experience an increase in anxiety and depression that exceeds boys, as many young women place their healthy development in jeopardy to fulfil a socially valued gender identity. Socialized from birth to be "other identified"—to put the needs and wishes of others before their own—puts girls and young women in a particularly vulnerable situation.

Understanding and addressing the health needs of girls and young women requires a gender-based analysis. This report examines the paucity of gender-based research, examines key health determinants that influence health among girls and young women from a population health perspective as correlated with larger systemic and societal issues, and assesses healthy development from a life transitions approach. The Canadian girl-child project has taken us one step closer to building this knowledge and to advancing the status of the girl-child in Canada.

The "Girl-Child Report"

Chapter I provides a brief overview of the original goals and objectives of the project and offers some initial conclusions as to the extent to which the project was able to fulfil these expectations.

Chapter II describes the framework developed by the researcher for analyzing the relationships among gender, child development and the determinants of health.

Chapter III describes both the process and the outcomes of the review of the literature and research evidence related to the determinants of healthy development among girls and young women from birth to age 18. Key gaps in the literature will be identified and future research priorities proposed. Specific reference will be made to ethnocultural and visible minority girls and young women.

Chapter IV outlines the process and outcomes of the discussions held with a group of young women around issues related to their health and well-being.

Chapter V outlines the process and outcomes related to the establishment and meeting of the Expert Advisory Group. Particular reference is made to identify gaps in the research and future research priorities.

Chapter VI suggests future project development.

Workshop participants contributed to ideas about preventive actions that could be considered by caregivers, preschool program developers, teachers and parents to strengthen girls and

foster resiliency during the preschool and middle girlhood years. One of the topics to begin discussion is the power of healthy media images. A brief report on the conference "Girls!! Stories Worth Telling" brings the global context to bear on the issue. Thirty girls and young women from Canada and many developing countries came together to articulate a political action plan to promote the healthy development of girls and young women in solidarity.

The "Girl-Child Report" and future actions will foster debate on how we can build a supportive society for and with girls and young women—those who are most knowledgeable about their own lives.

***Dianne Rogers** is director of child and family programs at the Canadian Institute of Child Health and has worked with parents who live in difficult circumstances as an advocate and community developer.*

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Appendix/Annexe

Agenda at a Glance

SUNDAY OCTOBER 25

1:00 pm - 2:15 pm: Plenary Session

Keynote – Paul Steinhauer: *How a Child's Early Family Experiences Affect Development*

2:30 pm - 4:15 pm: Session A – 8 Workshops

- Paul Steinhauer - *Helping Children at Risk Achieve Resiliency*
- Irene Kyle - *Contradictory Constructions of Quality in Home Child Care*
- Dianne Bascombe, Lee Dunster - *The Family Child Care Workforce*
- Rebecca Scherer, Marta Juorio - *The Benefits and Costs Study*
- Jessica Ball, Martina Pierre, Alan Pence - *Community-based Generative Curriculum Model of ECCE Training with First Nations*
- Andrew Taylor - *Participatory Evaluation of the Healthy Childhood Development Project*
- Rheta Rosen, Sue Wilson - *Undergraduate Students with Dependent Care Responsibilities*
- Lyn Ferguson, Susan Prentice - *Volunteerism and Parental Involvement in Child Day Care*

5:00 pm - 6:30 pm: Research Display and Wine & Cheese

MONDAY OCTOBER 26

8:30 am - 10:15 am: Session B – 7 Workshops

- Dawn Walker - *Children's Environmental Health – Why Kids Need Special Protection*
- Carol Rowan, Eata Kanayuk, Annie Napayuk - *Inuit Creating a Foundation for Child Care Services*
- Judith Bernhard, Veronica Pacini, June Pollard - *Understanding Quality in Canadian Multi-age Early Childhood Education*
- Sharon Hope Irwin, Donna Lero, Jamie Kass - *Staying in the Workforce while Parenting a Child with Special Needs*
- Carmella Singleton, Elaine Ferguson, Allison Soave, [Tammy McCormick-Ferguson] - *Mentoring as a Tool for Child Care Practitioners' Continuous Learning*
- Dafna Kohen, Alan Pence, Hillel Goelman - *Victoria's Children at 3, 13 and 18*
- Lyzette Johnston, Karen Garant Radke - *Communities in Action: How Community-based Programs Move Research to Practice*

10:30 am - 12:15 pm: Session C – 7 Workshops

- Dawne Clark, (David Este, Rena Shimoni) - *The Mosaic Centre: Supporting Refugee Children (0-6) and Families*
- Martha Friendly, Mab Oloman - *Child Care in an Era of Deficit Reduction, Devolution, Downsizing and Deregulation*
- Manon Ferland - *Day Care Centre Directors' Impact on Overall Quality and Parental Satisfaction*
- David Hawkins-Clarke, Barbara Kaiser - *Meeting the Challenge: Two Perspectives on Working with Children with Aggressive Behaviour and Their Families*
- Karen Ogston - *Child Development Through Caregiver-Infant Interaction: A 20-year Study*
- Lee Dunster, Andrew Taylor - *Family Day Care Training: A National Research and Development Project*
- Gillian Doherty, Dianne Bascombe - *Partners in Quality*

1:30 pm - 3:15 pm: Session D – 7 workshops

- David Ross - *Child Development Outcomes with a Focus on Children Living in Lone-parent Families*
- Dixie van Raalte, Charlotte Francis - *Today's Learners/Tomorrow's Educators*
- Gillian Doherty, Annette LaGrange, Hillel Goelman - *You Bet I Care!*
- Donna Lero, Sharon Hope Irwin, [Kathleen Brophy] - *Caregivers' Attitudes and Experiences Related to the Inclusion of Children with Special Needs*
- Susan Howe, Heather Swail - *Researching the Impact of Emergency Child Care*
- Elaine Ferguson, Susan Kirby Smith - *Toward a Professional Child Care Administrator*
- Jane Beach, Jane Bertrand - *Professional Education and Development for an Emerging Early Childhood Workforce*

3:30 pm - 5:00 pm: Plenary Session

Keynote – Sandra Griffin: *Breathing Life into the UN Convention on the Rights of the Child*

TUESDAY OCTOBER 27

8:30 am - 10:15 am: Session E – 7 Workshops

- Margo Greenwood, Perry Shawana - *First Nations Quality Child Care: A National Study*
- Don Ogston, Anne Maxwell/Gail Mulhall, Malcolm Read, Chaya Kulkarni, Joanne Morris - *Training Issues Forum*
- Jane Hewes - *Day Care, Diversity and Health*
- Mary Lyon, Patricia Canning - *The Atlantic Day Care Study and The Child Care Management Study*
- Ellen Jacobs, Donna White, Davina Mill - *School-age Care Programs Across Canada*
- Maureen Kellerman, Irene Kyle - *Child Care from a Family Support Perspective*
- Dianne Rogers - *The Canadian Girl-Child: Growing up Female*

10:30 am - 12:30 pm: Plenary Session

Keynote – David Ross: *Child Poverty in Canada - Recasting the Issue*

Programme en bref

DIMANCHE, LE 25 OCTOBRE
13 h 00 à 14 h 15 : Plénière
Conférencier – Paul Steinhauer : *L'influence de l'expérience en bas âge sur le développement de l'enfant*

14 h 30 à 16 h15 : Session A – 8 ateliers
- Paul Steinhauer - *Helping Children at Risk Achieve Resiliency*
- Irene Kyle - *Contradictory Constructions of Quality in Home Child Care*
- Dianne Bascombe, Lee Dunster - *The Family Child Care Workforce*
- Rebecca Scherer, Marta Juorio - *The Benefits and Costs Study*
- Jessica Ball, Martina Pierre, Alan Pence - *Community-based Generative Curriculum Model of ECCE Training with First Nations*
- Andrew Taylor - *Participatory Evaluation of the Healthy Childhood Development Project*
- Rheta Rosen, Sue Wilson - *Undergraduate Students with Dependent Care Responsibilities*
- Lyn Ferguson, Susan Prentice - *Volunteerism and Parental Involvement in Child Day Care*

17 h 00 à 18 h 30 : Réception et exposition de projets de recherche

LUNDI, LE 26 OCTOBRE
8 h 30 à 10 h 15 : Session B – 7 ateliers
- Dawn Walker - *Children's Environmental Health – Why Kids Need Special Protection*
- Carol Rowan, Eata Kanayuk, Annie Napayuk - *Inuit Creating a Foundation for Child Care Services*
- Judith Bernhard, Veronica Pacini, June Pollard - *Understanding Quality in Canadian Multi-age Early Childhood Education*
- Sharon Hope Irwin, Donna Lero, Jamie Kass - *Staying in the Workforce while Parenting a Child with Special Needs*
- Carmella Singleton, Elaine Ferguson, Allison Soave, [Tammy McCormick-Ferguson] - *Mentoring as a Tool for Child Care Practitioners' Continuous Learning*
- Dafna Kohen, Alan Pence, Hillel Goelman - *Victoria's Children at 3, 13 and 18*
- Lyzette Johnston, Karen Garant Radke - *Communities in Action: How Community-based Programs Move Research to Practice*

10 h 30 à 12 h 15 : Session C – 7 ateliers
- Dawne Clark, (David Este, Rena Shimoni) - *The Mosaic Centre: Supporting Refugee Children (0-6) and Families*
- Martha Friendly, Mab Oloman - *Child Care in an Era of Deficit Reduction, Devolution, Downsizing and Deregulation*
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- Lee Dunster, Andrew Taylor - *Family Day Care Training: A National Research and Development Project*
- Gillian Doherty, Dianne Bascombe - *Partners in Quality*

13 h 30 à 15 h 15 : Session D – 7 ateliers
- David Ross - *Child Development Outcomes with a Focus on Children Living in Lone-parent Families*
- Dixie van Raalte, Charlotte Francis - *Today's Learners/Tomorrow's Educators*
- Gillian Doherty, Annette LaGrange, Hillel Goelman - *You Bet I Care!*
- Donna Lero, Sharon Hope Irwin, [Kathleen Brophy] - *Caregivers' Attitudes and Experiences Related to the Inclusion of Children with Special Needs*
- Susan Howe, Heather Swail - *Researching the Impact of Emergency Child Care*
- Elaine Ferguson, Susan Kirby Smith - *Toward a Professional Child Care Administrator*
- Jane Beach, Jane Bertrand - *Professional Education and Development for an Emerging Early Childhood Workforce*

15 h 30 à 17 h 00 : Plénière
Conférencière – Sandra Griffin : *La société de nos rêves : Animer d'un souffle de vie la Convention des Nations Unies relative aux droits de l'enfant*

MARDI, LE 27 OCTOBRE
8 h 30 à 10 h 15 : Session E – 7 ateliers
- Margo Greenwood, Perry Shawana - *First Nations Quality Child Care: A National Study*
- Don Ogston, Anne Maxwell/Gail Mulhall, Malcolm Read, Chaya Kulkarni, Joanne Morris - *Training Issues Forum*
- Jane Hewes - *Day Care, Diversity and Health*
- Mary Lyon, Patricia Canning - *The Atlantic Day Care Study and The Child Care Management Study*
- Ellen Jacobs, Donna White, Davina Mill - *School-age Care Programs Across Canada*
- Maureen Kellerman, Irene Kyle - *Child Care from a Family Support Perspective*
- Dianne Rogers - *The Canadian Girl-Child: Growing up Female*

10 h 30 à 12 h 30 : Plénière
Conférencier – David Ross : *Second regard sur la pauvreté des enfants au Canada*

Notes

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